DOCUMENT RESUME

ED 141 076 SE 022 524

TITLE Family Planning in Five Continents: Africa, America, Asia, Europe, Oceania. December 1976 Update.
INSTITUTION International Planned Parenthood Federation, London (England).
PUB DATE Dec 76
NOTE 67p.; For earlier editions, see ED 058 084, ED 099 201, and ED 121 594
AVAILABLE FROM International Planned Parenthood Federation, 18-20 Lower Regent Street, London, England SW1Y 4PW (Order Number ISSN-0538-9089, $1.45)

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS *Demography; *Family Planning; Population Distribution; *Population Growth; Reference Materials; *Statistical Data; *World Problems
IDENTIFIERS *International Planned Parenthood Federation

ABSTRACT

This document gives highlights of the family planning situation in many countries of the world. Its purpose is to provide a quick reference source for those who work in family planning. Population statistics are included for five continents and many countries. Data for the continents include population in 1976, projected population in 2000, population growth rate (1970-75), births per 1000 (1970-75), deaths per 1000 (1970-75), population under the age of 15 (1975), and life expectancy (1970-75). Data for each country include population (1976), growth rate, births per 1000, deaths per 1000, and family planning activity in the country. (RH)

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ED141076

Africa
America
Asia
Europe
Oceania

Family Planning in Five Continents

U.S. DEPARTMENT OF HEALTH
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December 1976

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ISSN 0538-9089

Price: US $1.45 or equivalent plus postage

INTERNATIONAL PLANNED PARENTHOOD FEDERATION
18-20 LOWER REGENT STREET
LONDON SW1Y 4PW, ENGLAND

Introduction

FAMILY PLANNING IN FIVE CONTINENTS is an annual publication of the International Planned Parenthood Federation which aims to provide a quick reference source for those who work in family planning, population, and related fields. It gives highlights of the family planning situation all over the world, together with basic demographic statistics.

In order to help the busy reader, symbols have been used to mark the highlights of the family planning situation in each country. When you see ○ next to the name of a country it means that the government is involved in family planning to a certain degree – it either provides limited services or supports the activities of other agencies, mostly in the private sector. Governments which have officially announced their intention to set up a comprehensive programme or have stated a policy to curb the growth of their population are also shown with this symbol. ● denotes a higher degree of government involvement – an established family planning programme carried out either through the public health network or by a separate governmental agency. Two other symbols are used: ▲ indicates the existence of a private, voluntary family planning association and ■ denotes membership of the International Planned Parenthood Federation.

Organizations listed as providing assistance to one or more family planning projects in a country are those which give bilateral aid. An increasing number of countries also make contributions to multilateral programmes. By the end of September 1976, 26 governments had made contributions to IPPF programmes and 82 to the United Nations Fund for Population Activities.

To ensure a certain degree of comparability, demographic data for all countries have been taken from the UN sources. Wherever possible, results of latest population censuses have been used. For countries which have not taken a recent census or for which the results are not yet available, UN estimates made in 1973 have been quoted.

To save space, abbreviations have been used for the names of most organizations and for some of the more common terms. A key to these abbreviations is given on the next page.

For more information on family planning programmes throughout the world, please contact the Information Departments of IPPF Central or Regional Offices.

KEY TO ABBREVIATIONS

ADAA	Australian Development Assistance Agency
APHA	American Public Health Association
AVS	Association for Voluntary Sterilization
CARE	Co-operative for American Relief Everywhere Inc.
CBD	Community-based Distribution
CELADE	Centro Latinoamericano de Demografia
CFPA	Caribbean Family Planning Affiliation
CIDA	Canadian International Development Agency
CWS	Church World Service
DANIDA	Danish International Development Agency
FAO	Food and Agriculture Organization
fp	family planning
FPA	Family Planning Association (or equivalent body)
FPIA	Family Planning International Assistance (USA)
HEW	Department of Health, Education & Welfare (USA)
IASSW	International Association for Schools of Social Work
IBRD	International Bank for Reconstruction and Development (World Bank)
IDA	International Development Association
IDRC	International Development Research Centre (Canada)
I&E	Information and Education
IGCC	Inter-Governmental Co-ordinating Committee for Population and Family Planning in South-east Asia
ILO	International Labour Organisation
IUD	Intra-Uterine Device
JICA	Japanese International Co-operation Agency
JOICFP	Japanese Organization for International Co-operation in Family Planning
KAP	Knowledge, Attitude and Practice
MCH	Maternal and Child Health
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
NORAD	Norwegian Agency for International Development
PAHO	Pan American Health Organisation (WHO)
PPFC	Planned Parenthood Federation of Canada
PSI	Population Services International
PRB	Population Reference Bureau
RC	Roman Catholic
SIDA	Swedish International Development Authority
SIECUS	Sex Information and Education Council of the USA
UKODM	United Kingdom Overseas Development Ministry
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNRWA	United Nations Relief Works Agency
USAID	United States Agency for International Development
UUSC	Unitarian Universalist Service Committee
WAY	World Assembly of Youth
WFP	World Food Programme
WHO	World Health Organisation

Family Planning in Five Continents

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
WORLD	4,044,433,000	6,253,135,000	1.9%	31.5	12.8	36.0%	55.2
Africa	412,183,000	813,119,000	2.6%	46.3	19.8	44.2%	47.3
Latin America	333,068,000	619,929,000	2.7%	36.9	9.2	42.0%	61.4
North America	239,071,000	296,199,000	0.9%	16.5	9.3	25.5%	71.4
East Asia	1,021,974,000	1,369,069,000	1.7%	26.2	9.8	32.7%	62.5
South Asia	1,282,955,000	2,267,266,000	2.5%	41.9	16.7	43.1%	48.5
Europe	475,863,000	539,812,000	0.6%	16.1	10.4	23.9%	71.2
USSR	257,591,000	315,027,000	1.0%	17.8	7.9	25.7%	70.4
Oceania	21,729,000	32,715,000	2.0%	24.8	9.3	31.5%	65.8

The pioneering work in family planning was almost entirely done by non-governmental, voluntary family planning associations formed by enlightened volunteers concerned about the effects of continual childbearing on the health of women. While the history of organized contraceptive services goes back to the 19th Century, growth of public and private interest in family planning has been very rapid during the last 15 years. Before 1960, there were 32 private family planning associations and only four government programmes. By 1965, 28 more associations were formed and six more governments had started national programmes. Since 1965, the growth of family planning has been even more rapid. This edition of *Family Planning in Five Continents* lists some 120 associations and 78 official established government programmes, with 16 more governments providing some family planning services. But there are still 38 countries – mostly in Africa – where no organized family planning services are available.

The first organized family planning activity was started in the Netherlands with the foundation of a family planning association in 1881. Much of the earlier pioneering work was motivated by concern for the ill-health and mortality caused by too closely spaced pregnancies and childbearing and by illegal abortions. In Britain and the United States of America family planning services were also demanded by women's emancipation groups not only as a health measure but as a basic human right as well.

The rationale behind the surge of interest in the 1960s included all these factors but also another important element which had a broader impact on government policies. This was a wide-spread realization that high rates of population growth had serious implications on efforts to develop the economy and raise living standards. Many family planning programmes in the 1960s, especially in Asia and some African countries, started with a demographic objective: to decrease the population growth rate through a significant decline in fertility.

By 1974, when the World Population Conference met at Bucharest, very few family planning programmes had reached their goals. Experiences in many parts of the world had shown the need for integrating family planning education and services with other development efforts to provide the most meaningful and acceptable services to the people. The relationships between family size and major global issues such as the food shortage, malnutrition, environmental degradation, unemployment and the lower status of women are more and more widely recognized by development workers. Organisations and individuals working towards bringing about a better quality of life for people, look for ways in which all their efforts can be combined to achieve this common objective.

Experiences in many parts of the world have also pointed to the need for more extensive educational and contraceptive delivery services than the already over-burdened health network can provide. Family planning in the 1970s is characterized by a much broader approach to community-based services. Small projects to make contraceptives available outside the clinics have led the way to large scale community-based distribution programmes in many countries. These include better and wider use of para-medical personnel, traditional birth attendants and extension workers who are in day-to-day contact with the people.

The acceptance of the World Population Plan of Action at the Bucharest Conference is a confirmation of a belief shared by 136 governments that family planning is a basic human right and that to provide people with the means to enjoy this right is a fundamental duty of governments.

Africa

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
Africa	412,183,000	813,119,000	2.6%	46.3	19.8	44.2%	47.3

Despite the slow start of family planning activities in Africa, there has been an accelerating increase in the interest of governments in family planning during recent years. Fifteen African governments now have officially established family planning programmes and 16 others either provide some services, usually through the maternal and child health network, or support activities of private family planning associations or individual doctors. But people living in 19 countries with a total population of about 64 million still do not have access to any organized family planning services.

Voluntary associations, which now number 24, have set the pace in family planning in some countries, often under difficult conditions, and have carried the sole responsibility for provision of family planning education and services. In some other countries however, government interest in family planning has started without the stimulation of a private association although influenced by the international community. Where both public and private sectors are active in family planning, voluntary associations work with governments to complement the national programme.

Family planning in Africa has been characterized by concern about the effect on families, particularly mothers and babies, of large numbers of children born in rapid succession. The objective of most African programmes is to improve the health of mothers and children by offering services for the spacing of pregnancies. In many parts of the continent this means replacing traditional social customs for child-spacing with reliable contraceptive methods. However, other social norms encourage large numbers of children as a source of parental pride and old age security.

Development of family planning activities in Africa shows significant regional differences. Three of the five north African countries – Egypt, Morocco and Tunisia – have well-established national family planning programmes, all with declared policies to reduce the growth of their populations. In sub-Sahara Africa, on the whole, English-speaking countries have longer histories and more extensive services in family planning than the Francophone countries. Until quite recently, French-speaking countries have been reluctant to encourage family planning and, in most, the French 1920 anti-contraceptive law is still in force. Now, however, governments in Benin, Mali, Madagascar, Togo and Zaire are showing active interest in the promotion of family planning. In Mali, for example, the 1920 law was repealed in 1972 when a family planning programme was started.

Although Africa has the second highest population growth rate in the world, after Latin America, most governments do not see over-population as a problem. On the contrary, under-population, low population densities and sterility cause much greater concern. Demographic statistics are still scarce and unreliable in many African countries. The African Census Programme, supported by the United Nations Fund for Population Activities, will provide population statistics for many countries for the first time. Available data however, indicate that, in 24 countries population is growing at a rate of 2.5 percent or more and in seven of these at 3 percent or more. An even greater increase in population can be anticipated before the growth rate finally starts to slow down as improvements in health services will lead to a reduction in death rates.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ALGERIA

17,346,000	3.2%	47.8 *(1975)*	15.4

No official policy but MOH programme to encourage wider spacing of births through 30 clinics in MCH centres and maternity hospitals. Abortion legal on medical grounds. IPPF has provided training, contraceptives and literature. UNFPA, WHO, UNICEF, SIDA, Population Council and Ford Foundation provide assistance.

ANGOLA

6,506,000	2.3%	47.2	24.5

No organized fp activities.

○▲■BENIN

3,160,000	2.7%	49.9	23.0

No official policy but government allows FPA to provide services at MCH centres and at its own clinic which in 1975 recorded 184 new and 368 continuing acceptors. FPA, founded in 1972, IPPF member in 1975, concentrates on I&E. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from Pathfinder Fund, FPIA, Oxfam and WAY.

●■BOTSWANA

709,000	2.3%	45.6	23.0

Government programme since 1971. National Development Plan for 1973-78 calls for rapid expansion of rural health services including family planning as part of MCH. Services will be offered at 11 hospitals, 8 health centres, 90 clinics and 178 health posts by 1978. 8–9% of reproductive age population estimated to be reached. 8,222 new acceptors (72.3% recruited at rural clinics) and 25,500 repeat visits in 1975 – orals most popular. Government, an affiliate IPPF member since 1971, also carries out I&E and training. IPPF grant to government. Assistance from UNFPA, UNICEF, WHO, NORAD, UKODM and USAID. Government grant to IPPF.

○BURUNDI

3,863,000	2.3%	48.0	24.7

No official policy or programme. At Government request IPPF supported a doctor at Bujumbura in a pilot project offering fp as part of MCH until 1973. Limited fp services at some mission hospitals. Assistance from WHO, USAID and Pathfinder fund.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○CAMEROON

6,523,000	1.8%	40.4	22.0

Government pro-natalist but interested in fp as part of MCH. Services provided at University hospital at Yaounde since 1975 on an experimental basis. Provision of public information prohibited. Abortion legal on medical grounds. Limited assistance to individual doctors and nurses from IPPF, UNFPA, USAID, Pathfinder Fund, CWS, Ford Foundation and Population Council.

CAPE VERDE ISLANDS

300,000	1.9%	29.2 *(1974)*	8.8 *(1974)*

No organized fp activities but government interest in fp and sex education. Limited services at Paia hospital.

CENTRAL AFRICAN REPUBLIC

1,829,000	2.1%	43.4	22.5

No organized fp activities but some official interest. Some doctors give fp advice. USAID assistance for MCH/fp clinic.

CHAD

4,107,000	2.0%	44.0	24.0

No organized fp activities. Advice available from some doctors. French Government support to demographic research and Population Council support to a KAP Study by the Institute National Tchadien.

COMORO ISLANDS

314,000	2.5%	46.6	21.7

No organized fp activities. A small FPA was founded in 1969 but is now inactive.

CONGO, PEOPLE'S REPUBLIC OF

1,300,106 *(1974)*	2.4%	45.1	20.8

No organized fp activities but some interest in government circles.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲■EGYPT, ARAB REPUBLIC OF

38,429,000	2.4%	35.5 *(1974)*	12.4 *(1974)*

Government programme since 1965. Target to reduce growth rate to 1.1% by 1982. Services at 3,031 fp centres; orals most popular followed by IUD. Government also operates I&E and training programmes. FPA, founded 1958, IPPF member 1963, complements national programme and has 437 family planning centres of which 159 are in rural areas. 72,250 new acceptors and 202,438 continuing acceptors in 1975. FPA also runs innovative projects to serve as model at the national level. Abortion only permitted to save life of mother but an estimated 123 illegal abortions per 1000 live births. IPPF grant to FPA. Assistance from UNFPA, UNICEF, IDA, IDRC, CWS, Ford Foundation and Population Council.

EQUATORIAL GUINEA

316,000	1.7%	36.8	19.7

No organized fp activities.

○▲■ETHIOPIA

28,645,000	2.4%	49.4	25.8

No official policy but government does not object to fp as part of MCH. FPA, founded in 1966, IPPF member in 1971, was recognized by government in 1974. Its services are integrated with government and non-government health centres and it makes supplies available to 174 outlets. Of these, 60 had 8,127 new and 46,930 continuing acceptors in 1975. FPA also trains doctors and paramedics from government and mission hospitals and rural centres and runs education programme in schools and integrated adult education projects. Advertisement of contraceptives illegal but no restrictions on sale. Abortion permitted if life or health of the mother is endangered. IPPF grant to FPA. Assistance from UNFPA, USAID, SIDA, FPIA, Pathfinder Fund, Population Council, World Education and World Neighbors.

GABON

530,000	1.0%	32.2	22.2

No organized fp activities. WHO runs basic health programme including MCH.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○▲■THE GAMBIA

520,000	1.9%	43.3	24.1

Policy to integrate fp with MCH under preparation. Government allows FPA, founded in 1969, IPPF member 1971, to use its health clinics, provides personnel and publicity for FPA's work and permits importation of contraceptives and supplies duty free. FPA runs 5 clinics and its staff visit outlying government clinics. 3,610 new and 3,802 continuing acceptors in 1975 – orals most popular. FPA extending its activities in rural areas. Also provides I&E and training. IPPF grant to FPA. Assistance from UNFPA, UKODM, FPIA, Pathfinder Fund, Population Council and University of California.

●▲■GHANA

10,161,000	2.7%	48.8	21.9

Government policy and programme in 1970; target to reduce population growth rate to 1.7% by year 2000. Fp information and services offered through 189 clinics run by Government, FPA and Christian Council. 35,000 new acceptors in government clinics in 1975. FPA founded in 1966, IPPF member 1968, concentrates on I&E and rural fieldwork. 20,037 new acceptors at 42 FPA clinics in 1975. FPA works with MOE in development of family life education programmes, now conducted in 20 schools and youth organizations. Christian Council of Ghana runs 12 clinics, operates mobile clinics from six rural centres and a family life education programme and family counselling service. IPPF grant to FPA. Assistance from UNFPA, ILO, UNICEF, UKODM, USAID, Ford Foundation, FPIA, IASSW, Pathfinder Fund, Population Council, Rockefeller Foundation, WAY and World Neighbors. Government grant to IPPF.

GUINEA

4,527,000	2.4%	46.6	22.9

No organized fp activities.

GUINEA-BISSAU

534,000	1.5%	40.1	25.1

Government interest in fp and sex education. Plans to set up a family health centre for integrated MCH/fp with UNFPA assistance.

IVORY COAST

6,673,013 *(1975)*	2.5%	45.6	20.6

No organized fp activities but some medical personnel interested in encouraging child-spacing. Contraceptives available in limited supplies from pharmacies, hospitals and clinics. Abortion legal on medical grounds.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●KENYA

13,701,000	3.3%	48.7	16.0

Government programme since 1966. Five year fp programme launched in 1973 – target to reduce growth rate to 3% by 1978 and to recruit 640,000 new acceptors. An average of 4,614 new and 20,745 continuing acceptors per month at 381 clinics. FPA, founded in 1961, IPPF member in 1963, concentrates on I&E and training, runs 8 clinics with 2,504 new and 18,042 continuing acceptors in 1975 – injectables most popular. FPA also operates 7 mobile units for government and runs the Family Welfare Centre, a training centre for African fp personnel, in Nairobi. Abortion legal on medical grounds. Assistance from UNFPA, UNICEF, WHO, IBRD, IDA, DANIDA, Federal Republic of Germany, Netherlands, NORAD, SIDA, UKODM, USAID, FPIA, AVS, Oxfam, Pathfinder Fund, Population Council, PSI and Rockefeller Foundation. IPPF Africa Regional Office in Nairobi.

○LESOTHO

1,173,000	2.2%	39.0	19.7

Government objective to ensure provision of education and facilities for fp and to reduce population growth from 2.2% to 2%. FPA was founded in 1968, closed by Government and reopened and became IPPF member in 1971. MOH allowed FPA to operate in health facilities in 1975. FPA offers services in all nine districts through 10 clinics and had 3,015 new and 2,714 continuing acceptors in 1975. Government has relaxed law to permit nurses to prescribe hormonal contraceptives. IPPF grant to FPA. Assistance from UNFPA, UNESCO, USAID, UKODM and University of California.

●LIBERIA

1,750,000	2.9%	49.8 *(1971)*	20.9 *(1971)*

Government health policy in 1973 recognized fp as part of socio-economic development. Plans for integrated MCH/fp services. FPA, founded in 1956, IPPF member in 1967, runs 9 clinics and provides services for fp, nutrition, and MCH with 3,483 new and 8,038 continuing acceptors in 1975, majority orals. Also provides supplies to other clinics on request and carries out I&E work. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA and USAID.

LIBYA

2,444,000 *(1975)*	3.0%	45.0	14.7

No organized fp services; official policy to increase population. Interest in health aspects of fp growing among medical and para-medical personnel. Sale of and prescriptions for contraceptives illegal except for medical reasons. Abortion illegal but punishment may be reduced if pregnancy is illegitimate. IPPF has provided some training for medical and paramedical workers.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○MADAGASCAR, DEMOCRATIC REPUBLIC OF

8,263,000	2.9%	50.2	21.1

Government now favourable towards fp within MCH. Ministry of Population set up in 1976 and FPA, founded in 1967, IPPF member in 1971, represented on National Commission on Population. FPA ran 8 clinics in 1975 with 35,000 visits. Advice and services limited to married women with 4 or more children who have their husbands' consent. French 1920 anti-contraceptive law still in force and abortion illegal. IPPF grant to FPA. Assistance from UNFPA for demographic survey.

MALAWI

5,039,000	2.4%	47.7	23.7

No organized fp activities as government is pro-natalist but fp advice available from some doctors and hospitals. Publicity for contraceptives prohibited. IPPF has supported a baby clinic at a mission hospital near the capital, Zomba. Assistance from USAID for MCH extension project and World Neighbors.

●MALI

5,842,000	2.4%	50.1	25.9

Government pilot programme since 1972. Plans for MCH/fp integration announced in 1974 and Family Health Division created at MOH; target to set up 23 clinics by 1977. FPA formed in 1972, IPPF member in 1975, ran 8 rural clinics and a pilot centre in Bamako in 1975. French 1920 anti-contraceptive law repealed in 1972. Pilot programme supported by IDRC. IPPF provides supplies to FPA. USAID developing a pilot project of rural health delivery in two rural areas and UNFPA running family health project with fp component from 1975–79. Assistance also received from Pathfinder Fund.

MAURITANIA

1,310,000	2.0%	44.8	24.9

No organized fp activities; government against any attempts to control population growth. Orals available in drugstores and MCH centre in Nouakchott provides contraceptive advice for medical reasons. USAID assistance for a MCH clinic.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲■MAURITIUS

865,500 *(1975)*	1.8% *(1974)*	25.1 *(1975)*	7.3 *(1974)*

Government programme since 1972 with target to reduce birth rate to 20/1000 by 1975. Services available free of charge through 82 clinics and 45 supply centres mostly in hospitals, dispensaries and welfare centres. FPA, founded 1957, IPPF member 1969, had 879 new and 2,877 continuing acceptors at its 2 model clinics in 1975. It concentrates on I&E and training and plans to launch a CBD project and a sterilization project. A RC group, Action Familiale, teaches rhythm method and runs a sex education programme in schools since 1967. Family allowances decreased for families with 3 or more children. Age of majority reduced to 18 in December 1975 and may cause changes in the attitude to teenage marriage. IPPF grant to FPA. Assistance from UNFPA, UNDP, UNICEF, WFP, UKODM, USAID, FPIA and AVS. Government grant to IPPF.

●▲■MOROCCO

16,880,000 *(1974)*	2.9%	46.2	15.7

Government experimental programme since 1966, and generalized programme since 1968; policy to integrate fp in basic health services. Fp services at 70 urban and 176 rural health centres. FPA, founded in 1971, IPPF member same year, plays a complementary I&E role to national programme and concentrates on youth and rural areas. In 1975 there were 6,652 new and 37,666 continuing acceptors at 6 FPA clinics. 4 more clinics opened in 1976. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, Pathfinder Fund and Population Council.

MOZAMBIQUE

9,454,000	2.3%	43.1	20.1

No organized fp activities.

●NAMIBIA (SOUTH-WEST AFRICA)

852,000 *(1974)*	2.2%	45.5	23.2

Health department runs a comprehensive health service which since 1972 includes provision of fp services at 35 clinics and hospitals each with a trained nurse in charge. Trained nurses provide services to people in their area and 8 Community Health Nurses have been trained to form a nucleus of fp educators.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

NIGER

4,719,000	2.7%	52.2	25.5

No official policy and no organized fp activities. Advice on child-spacing available privately. A few urban dispensaries and pharmacies provide contraceptives at high prices. French 1920 anti-contraceptive law still in force and abortion permitted only to save the life of the mother. USAID and Population Council have provided some assistance.

○▲■NIGERIA

64,702,000	2.7%	49.3	22.7

National Population Council established in 1975 to advise on population policy. Government plans to integrate fp into national health service. FPA, founded in 1964, IPPF member in 1967, runs 61 clinics with 27,162 new acceptors in 1975. Other activities are I&E and rural fieldwork, particularly in northern states. Population Council has made substantial grant to FPA until government takes over FPA activities. Government White Paper on education describes early marriage as a social malaise. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, UNESCO, Finland, IDRC, UKODM, USAID, Ford Foundation, Pathfinder Fund, Population Council, Rockefeller Foundation and World Neighbors. Government grant to IPPF.

▲REUNION

511,000	2.3%	28.1 *(1973)*	7.1 *(1973)*

No official policy or programme. FPA, founded in 1966 and financed by French Government provides fp services at 11 clinics. More than 25,000 women have accepted fp. Orals and injectables most popular. RC group teaches rhythm method. French 1920 anti-contraceptive law has been repealed and the new law encourages local government support for fp. Abortion is common although illegal. IPPF provides technical assistance and supplies.

●▲RHODESIA

6,497,000	3.4%	47.9	14.4

Government programme since 1966 through MCH. Services available from approximately 570 locations – FPA clinics (33), government hospitals and health centres, mission hospitals, mines and estates. 7% of population at risk estimated to practise contraception and there are more than 36,000 attendances at clinics. Government runs a 'field agent' scheme to distribute orals to women in remote areas. FPA, founded in 1957, has about 10,000 monthly attendances at its centres. It also provides I&E and training. Working party on Population Education set up within MOE. Abortion illegal except to save the life of the mother. IPPF has provided assistance to FPA. Assistance from Oxfam and World Neighbors.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

RWANDA

4,321,000	2.7%	50.0	23.6

Government opposed to fp except by methods approved by Catholic Church, although in 1968 it decided that the concept of child spacing should be incorporated into health education. Fp advice available from a few doctors. IPPF has provided some support for training. Assistance from Pathfinder Fund, Oxfam and USAID.

○▲ SENEGAL

5,085,000	2.4%	47.6	23.9

Government plans to formulate policy and to start fp programme announced in December 1976. At first services will be limited to urban areas. Government already runs a pilot MCH/family welfare centre in Dakar. FPA was founded in 1970 and closed down in 1971. A new FPA was founded in 1974. A Pathfinder Fund clinic and a private clinic in Dakar provide services. Abortion legal on medical grounds. IPPF, UNFPA and USAID have provided assistance.

○ SEYCHELLES

60,000	2.5%	32.8 *(1974)*	8.8 *(1974)*

Government policy announced in 1975 to integrate fp with health services. A special IPPF project provides services at 7 clinics with 953 new and 3,280 continuing acceptors in 1975. UNFPA is considering support to government for integration of MCH/fp and family welfare education. Assistance from Pathfinder Fund.

○▲■ SIERRA LEONE

3,059,000	2.4%	44.7	20.7

No official policy but government attitude increasingly favourable to fp within health service and support to FPA, founded in 1960, IPPF member 1968. FPA pioneered fp through its work in I&E and hopes to integrate its clinic services with government MCH services, 3,483 new and 8,083 continuing acceptors at 12 FPA clinics in 1975. IPPF grant to FPA. Assistance from UNFPA, FPIA, Pathfinder Fund, Population Council, Rockefeller Foundation.

SOMALIA

3,258,000	2.6%	47.2	21.2

No organized fp activities.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲■ SOUTH AFRICA

25,471,000 *(1975)*	2.8%	42.9	15.5

Government programme through health authorities in all provinces which serve over 2,500 acceptors a month. Five-year national fp programme launched in 1975 to reach 50% of fertile couples. FPA founded in 1932, IPPF member in 1953, receives government funds and concentrates mainly on I&E and training but still involved in running clinics. Sterilization is allowed and abortion is legal on medical and humanitarian grounds. Some assistance from Population Council and World Neighbors.

○▲■ SUDAN

17,757,000 *(1974)*	3.0%	47.8	17.5

Government interest in fp and support to FPA, founded in 1965, IPPF member in 1971. National Council for Social Welfare has a sub-committee on fp. 5,291 new and 7,174 continuing acceptors in 1975 at 16 FPA clinics in Khartoum and 14 clinics in the provinces, located in MCH centres; majority orals. FPA concentrates on I&E and training. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, UNESCO, Pathfinder Fund, WHO, FPIA and IASSW. Government grant to IPPF.

○ SWAZILAND

482,000	2.7%	49.0	21.8

MOH plans for integration of fp into existing MCH and well baby programmes and for three-year project for setting up new health delivery points throughout the country with emphasis on distribution of contraceptives and post-partum advice on child spacing. IPPF and UNFPA are to provide supplies and assistance in training personnel.

●▲■ TANZANIA

15,924,000	3.0%	50.2	20.1

Government offers services through rural health centres and permits mission health facilities to provide fp within MCH. It has given FPA, founded in 1959, IPPF member 1969, responsibility for I&E, training and commodities and supplies. FPA also provides clinic services in capital and surrounding area, trains personnel and provides supplies for more than 100 government MCH/fp centres. 5,309 new acceptors in 1975 at FPA clinics in Dar es Salaam and 15,000 acceptors outside the capital. Two new legal changes could lower birth rate: abolition of tax allowances for children; three months maternity leave for married or unmarried working mothers every three years only. IPPF grant to FPA. Assistance from UNFPA, FAO, WHO, Finland, IDRC, NORAD, USAID, Oxfam, Population Council and Rockefeller Foundation.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○▲ TOGO

2,312,000	2.7%	50.6	23.3

No official policy or programme but government has shown interest in fp and intends to offer services in MCH centres in rural areas. FPA formed in March 1975, sees I&E as its main role but provides services in Lomé. IPPF grant to FPA. Assistance from UNFPA and USAID. The Quaker Service in Lomé, Pathfinder Fund and Population Council have also provided some assistance.

●▲■ TUNISIA

5,893,000	2.3%	33.9 *(1974)*	13.8

Government experimental programme since 1966, generalized programme since 1968; target to reduce birth rate to 28/1000 by 1976. Services through 420 fp centres and mobile clinics. 58,052 new acceptors in 1975, nearly half tubal ligations and abortions. IUD most popular. 13.4% of women of childbearing age estimated to be practising contraception. FPA founded in 1968, IPPF member in 1969, collaborates with government and is responsible for I&E. Also runs model clinic at Monfleury which is used for regional and local training (17,642 consultations in 1975) and three other clinics. Social welfare and civil laws on polygamy, age of marriage and family allowances have been modified to encourage lower fertility. Abortion available on request in first trimester. IPPF grant to FPA. Assistance from UNFPA, UNESCO, ILO, UNDP, UNICEF, FAO, WHO, IBRD, IDA, Belgium, CIDA, Netherlands, Germany, NORAD, SIDA, USAID, Ford Foundation, Population Council and Pathfinder Fund. Government grant to IPPF. IPPF Middle East & North Africa Regional Office in Tunis.

●▲■ UGANDA

11,701,000	2.9%	45.2	15.9

MOH instructed all hospitals and clinics to offer fp services in 1976. FPA, founded in 1957, IPPF member 1964, runs 24 clinics located at government and mission hospitals with 4,992 new acceptors in 1975. FPA has I&E programme and provides training for medical personnel. Makerere Medical School and Catholic Medical Bureaux also provide fp services. Ministry of Cooperatives and ILO have embarked on a family life/population education programme and first clinic opened in Western Uganda. IPPF grant to FPA. Assistance from UNFPA, FAO, ILO, DANIDA, USAID, Oxfam and Population Council.

UPPER VOLTA

6,173,000	2.3%	48.5	25.8

No organized fp activities. Two MCH centres built with USAID funds. Population Council and WAY have provided assistance.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ZAIRE

25,118,000	2.5%	45.2	20.5

Government statement in favour of fp in 1973 and a National Council for Desired Births set up in 1975. A MCH/fp project at three locations – the main one at Mamayemo General Hospital in Kinshasa with 2,500 new acceptors in 1975. Fp to be fully integrated with community health services. IPPF grant in 1976. USAID assistance for expansion of MCH services. Government of Belgium, DANIDA, IDRC and FPIA also provide assistance.

●▲■ ZAMBIA

5,181,000	3.1%	51.5	20.3

Government instructions in 1974 that medical services should provide fp information and services as part of MCH. Services available at district and provincial hospitals. FPA, founded in 1971, IPPF member in 1973, concentrates on I&E and provides contraceptives free-of-charge to government health facilities. 16,052 new and 20,633 continuing acceptors in 1975 at 23 clinics – majority orals and over 3,000 injectables. Abortion legalized in 1972 on medical grounds with the consent of 3 doctors. IPPF grant to FPA. Assistance from UNFPA, FAO, USAID, IASSW, Pathfinder Fund and Population Council.

America

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
Latin America	333,068,000	619,929,000	2.7%	36.9	9.2	42.0%	61.4
North America	239,071,000	269,199,000	0.9%	16.5	9.3	25.5%	71.4

In almost all countries in the Americas, people have some access to family planning services. Of the 43 countries listed in this section of *Family Planning in Five Continents*, 40 have family planning associations and 25 have government programmes. Eleven other governments support the work of voluntary associations, although some of them have official policies to increase the birth rate.

North America was one of the areas to pioneer family planning and today services and facilities are widely available. However, Latin America has a relatively short family planning history, both public and private activities in most countries having been initiated in the late 1960s. Government interest in family planning in most Latin American countries first started as a support to the work done by private associations and has gradually led to a national programme. As in Africa, most programmes aim at improving mother and child health standards but widespread illegal abortion also causes great concern. In many parts of South and Central America family planning remains a highly sensitive issue both from political and religious points of view.

Significant changes in the official government attitude towards family planning have taken place during the last few years. In 1973, the Mexican government reversed its policy on family planning and launched a nation-wide programme. Family planning was stated as a basic human right in the Constitution. The Brazilian Government announced at the Bucharest Conference in 1974 a new policy to provide family planning information and services to all its citizens and plans are in progress to launch the programme. In September 1976 a new policy on population and family planning was announced by the Peruvian government. In contrast, demographic policies to increase population have led to restrictions in family planning activities in Argentina. In some other countries, while there is an official policy to increase the birth rate, governments recognize the human right of couples to decide on the number and spacing of their children and are still providing family planning services or giving support to activities of private associations.

Despite the increasing involvement of governments in family planning, voluntary associations continue to carry significant reponsibilities with well-defined roles within the national programmes, usually in the field of information, education and training. An important area of activity for family planning associations is provision of contraceptive services outside the clinics. Community leaders, development workers, pharmacies and satisfied acceptors take part in the effort to make contraceptives more readily available to the people. Sixteen associations in Latin America and the Caribbean have either established community-based distribution programmes or are carrying out some type of CBD activities.

The effects of the rapid growth of population are seen in the very high proportion of young people in almost every Latin American country, which severely affects education facilities and employment opportunities. A high urbanization rate resulting in the rapid development of shanty towns also makes the population problem more visible. Although gradual fertility declines have started to take place in some countries, the high birth rates, and the relatively low death rates result in the highest rates of population growth in the world: in eight countries the rate is over 3 per cent and in another ten countries it is 2.5 per cent or more.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ANTIGUA

▲ ■

73,000	1.4% *(1970–1974)*	18.3 *(1974)*	6.9 *(1974)*

No official policy but plans to start MCH/fp programme and support to FPA, founded in 1970, CFPA member 1973. FPA ran 4 clinics in government health centres and hospitals in 1975 with 189 new and 331 continuing acceptors. FPA CBD programme since 1973 for orals, condoms and spermicides through 30 outlets – 1,598 new and 484 continuing acceptors in 1975. FPA also active in I&E and training. Abortion legal on medical grounds. IPPF grant to FPA.

ARGENTINA

25,719,000	1.3%	21.8	8.8

Government announced policy in March 1974 to increase population to 50 million by 2000, banned all fp activities and compelled FPA (founded in 1966, IPPF member 1969) to suspend its programme. FPA had 56 clinics, most located at provincial government and university hospitals. Fp publicity illegal and restriction on import, manufacture and distribution of contraceptives. Abortion legal to save life of mother and in the case of rape. IPPF grant to FPA. Assistance from Ford Foundation, Population Council, Rockefeller Foundation and Tinker Foundation.

▲ BAHAMAS

208,000	1.7% *(1973)*	18.1 *(1975)*	3.9 *(1975)*

No organized fp activities but government interest to formulate a policy. An FPA was founded in 1965.

○ BARBADOS

▲ ■

247,000	0.7% *(1970–74)*	19.5 *(1974)*	8.4 *(1974)*

Government plans to integrate fp in health services. FPA, founded in 1955, IPPF member 1957, responsible for nationwide fp programme. 2,277 new and 25,806 continuing acceptors at 13 FPA clinics in 1975 – majority orals. FPA runs CBD project for condoms since October 1975 and I&E, sex education and training programmes. Trained nurse/midwives insert IUDs. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, IDRC and OXFAM.

BELIZE (formerly British Honduras)

144,000	3.2% *(1970–74)*	38.7 *(1973)*	6.1 *(1973)*

No organized fp activities.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● BERMUDA

■

57,000	1.6% *(1970–74)*	16.3 *(1974)*	6.4 *(1974)*

Government provides fp as part of health services since 1937 and is a member of IPPF since 1957. Services at one clinic with 553 new and 2,848 continuing acceptors in 1975. Orals most popular. Sex education programme to be set up in schools to reduce illegitimacy rate.

● BOLIVIA

▲ ■

5,551,000	2.5%	43.7	18.0

Government MCH/fp programme in 1976; target to recruit 9% of women in fertile ages. FPA, founded in 1974, IPPF member 1975, given responsibility for administering MCH clinics, I&E and evaluation of national programme. FPA trains its own and government personnel and runs pilot CBD project for condoms. 2,682 new acceptors in 1975 at 6 FPA clinics – 2 in government hospitals. Abortion and sterilization illegal. IPPF grant to FPA. Assistance from UNFPA, USAID, Pathfinder Fund, Population Council, WAY, Mennonite Central Committee and World Neighbors.

● BRAZIL

▲ ■

112,890,000	2.8%	37.1	8.8

Government announced policy to provide fp information and services in 1974 and plans are in progress to launch official fp programme. FPA, founded in 1965, IPPF member 1967, works closely with state and municipal governments and provides technical/financial assistance to CBD projects in five states. FPA policy to move from clinical to CBD activities and to transfer clinics to municipal governments since 1975. 203,000 new, and over 1 million continuing, FPA acceptors in 1975 at 76 clinics and through CBD projects. FPA also runs dynamic I&E and training programmes. About 2.5 million women buy orals over the counter. Prescription requirements for orals relaxed in October 1976. Abortion legal only to save life of mother. IPPF grant to FPA. Assistance from UNFPA, IDRC, DANIDA, AVS, CWS, Ford Foundation, Pathfinder Fund, Population Council, PRB, Rockefeller Foundation, Tinker Foundation and World Neighbors.

● CANADA

▲ ■

23,063,000	1.3%	15.4 *(1974)*	7.5 *(1974)*

Fp services provided by most provincial governments. Federal government programme in I&E and training since 1970. FPA founded in 1963, IPPF member the same year, has 78 member associations which provide services, I&E and counselling. FPA also active in fund raising. 80% of acceptors through private doctors. Abortion legal on medical grounds, 14 abortions per 100 live births. Government gives international assistance and grants to IPPF.

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●▲■CHILE

10,441,000	1.8%	27.9	9.2

Government programme since 1967, fp services as part of MCH on a national scale. FPA, founded in 1962, IPPF member 1963, supports national programme with I&E, training, research and evaluation and contraceptive and other supplies. FPA provides fp services in 444 hospitals and MCH centres and is responsible for all fp services in northern areas. 222,094 new and 214,981 continuing FPA acceptors and 71,493 female sterilizations in 1975. Midwives allowed to provide orals, insert IUDs, and treat minor side-effects. Abortion legal on medical grounds only but widespread. Sterilization allowed on socio-medical grounds. MOH runs sex education programmes in schools. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, AVS, Ford Foundation, Pathfinder Fund and Population Council.

●▲■COLOMBIA

26,713,000	3.2%	40.6	8.8

Government programme since 1967, MCH/fp services at more than 1,400 centres in hospitals and health posts. FPA, founded in 1965, IPPF member 1968, runs 48 clinics with 67,147 new and 113,762 continuing acceptors and 934 male and 7,443 female sterilizations in 1975. FPA CBD programmes in rural areas since 1970 and urban areas since 1973; 72,622 new acceptors in 1975 through 755 urban distribution and 493 rural posts. FPA also runs I&E and sex education programmes and trains its own and other organizations' staff. Trained nurse/midwives allowed to insert IUDs. Abortion legal only to save life of mother but widespread. IPPF grant to FPA. Assistance from UNFPA, UNESCO, WHO/PAHO, UNICEF, USAID, AVS, CARE, FPIA, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, PSI, Rockefeller Foundation, WAY, World Education and World Neighbors.

●▲■COSTA RICA

2,049,000	2.7% (1970–74)	29.5 (1974)	5.0 (1974)

Government programme since 1968; 7 organizations engaged in fp. Services at 100 MOH health centres and hospitals, 114 rural outposts and 32 social security centres. 30,279 new and 174,000 continuing acceptors in 1975. FPA, founded in 1966, IPPF member 1967, responsible for administering and providing contraceptive and other supplies to national programme, training, research and evaluation. FPA also runs 2 clinics with 731 new acceptors in 1975 and a CBD project through 176 distributors, including pharmacies, with 12,000 new acceptors. IPPF regional communications training centre in San Jose with UNESCO assistance. Nurses allowed to insert IUDs under medical supervision. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, APHA, AVS, CWS, FPIA, Ford Foundation, Population Council, Tinker Foundation, WAY and World Education.

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●▲CUBA

9,682,000	1.8% (1970–74)	22.3 (1974)	5.8 (1974)

Government programme fully integrated with health services. All contraceptive methods, sterilization and abortion available free-of-charge. FPA founded in 1976 to complement national programme. Interest in developing sex education. IPPF grant to FPA. Assistance from UNFPA and SIDA.

●▲■DOMINICA

76,000	1.1%	35.5 (1972)	7.5 (1972)

Government programme since 1970, integrated with health services. FPA, founded in 1973, CFPA member 1974, responsible for I&E support and contraceptive supplies to national programme. IPPF grant to FPA. Assistance from UNFPA, WHO and UKODM.

●▲■DOMINICAN REPUBLIC

4,697,000 (1975)	3.3%	45.8	11.0

Government programme since 1968; target to reduce birth rate to 28/1000 in ten years. Services at 312 urban and rural centres with 45,647 new and 61,694 continuing acceptors in 1975. FPA, founded in 1966, IPPF member 1969, responsible for I&E, runs a Radio School reaching 400,000 people, and involved in training jointly with government. FPA runs a model demonstration clinic/training centre with 12,455 new and 14,325 continuing acceptors in 1975. FPA CBD project in 6 provinces with 3,617 new and 5,152 continuing acceptors. Trained nurses allowed to insert IUDs and nurse auxiliaries prescribe pills. Abortion illegal but widespread and a bill to legalize abortion on certain grounds in Parliament. IPPF grant to FPA. Assistance from UNFPA, UNICEF, USAID, AVS, CWS, FPIA, Pathfinder Fund and Population Council.

●▲■ECUADOR

7,319,000	3.2%	41.8	9.5

Government MCH/fp programme since 1969, services at 238 hospitals, health centres and sub-centres and 8 fp clinics. FPA, founded in 1966, IPPF member 1967, provides I&E support to national programme, concentrates on I&E and services to rural areas and on developing new service delivery techniques. FPA ran 4 clinics and a special project for workers and supplied contraceptives to private doctors in 1975 – 6,459 new and 12,165 continuing acceptors. Pilot CBD project had 1,000 oral and 1,700 condom users. Government and other medical and paramedical personnel trained by FPA. Abortion legal on medical grounds only but widespread. IPPF grant to FPA. Assistance from UNFPA, WHO, USAID, APHA, AVS, FPIA, Pathfinder Fund, Population Council, WAY, World Education and World Neighbors.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲■ EL SALVADOR

4,239,000	3.1%	40.1 *(1975)*	8.0 *(1975)*

Government programme since 1968, policy announced in 1974. MCH/fp services at more than 100 clinics with 60,000 active acceptors and at 60 social security clinics. MOH issued liberal sterilization guidelines and performed 10,000 sterilizations by mid-1975. FPA, founded in 1966, IPPF member in 1969, runs 2 clinics with 4,046 new and 15,715 continuing acceptors in 1975. 1,015 female and 380 male sterilizations. FPA also runs CBD projects through pharmacies and vending machines and an active volunteer motivation programme. FPA training programme taken over by MOH in 1975. Abortion legal to save life of mother and for eugenic and juridicial reasons. Sterilization legal for women with 2 children and/or women aged 30 or more with 1 child. Family life education by MOE. IPPF grant to FPA. Assistance from UNFPA, UNESCO, UNICEF, USAID, AVS, OXFAM, Pathfinder Fund, Population Council and WAY.

○▲■ GRENADA

96,000	0.5% *(1970–74)*	26.2 *(1974)*	7.5 *(1974)*

Government policy and plans to integrate fp in health services announced in 1974 but not implemented as yet. FPA, founded in 1964, CFPA member in 1973, provides comprehensive MCH/fp services at 5 government health centres, runs 5 supply centres and distributes non-clinical contraceptives through fieldworkers. A total of 2,805 new and 11,066 active FPA acceptors in 1975. FPA also provides I&E and training. Abortion illegal. IPPF grant to FPA. Assistance from OXFAM.

○▲■ GUADELOUPE

360,000	1.7% *(1970–74)*	28.0 *(1973)*	7.3 *(1973)*

French government supports FPA, founded in 1964, CFPA member 1973. FPA provides services at 2 centres and I&E and counselling through 22. 983 new and 1,383 continuing acceptors in 1975 – orals most popular. Liberalization of French Abortion Law applies to Guadeloupe.

●▲■ GUATEMALA

6,312,000	2.9%	42.4 *(1973)*	12.6 *(1973)*

Government programme since 1969, services at 250 clinics as part of MCH. FPA, founded in 1962, IPPF member 1969, responsible for clinical services in the capital, I&E and training of its own and government personnel. 9,217 new and 12,595 continuing acceptors, 1,604 female and 480 male sterilizations at 9 FPA centres in 1975. CBD projects for orals and condoms through satisfied users started in 1975 – 1,181 new acceptors in three months. Abortion legal to protect health of mother or in the case of rape. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNICEF, USAID, AVS, OXFAM, Pathfinder Fund, Population Council and World Neighbors.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

▲■ GUYANA

808,000	2.2%	32.4	5.9

Government policy to encourage population growth. FPA, founded in 1974, CFPA member 1976, mainly concentrates on I&E. Government request to FPA to co-operate with MCH centres and community development agencies. IPPF grant to FPA. Assistance from WHO/PAHO and WAY.

●■ HAITI

4,626,000	1.5%	35.8	16.3

Government provides services at 18 health posts and plans to expand to 40, mainly in rural areas. Community workers being trained to distribute orals and condoms in selected areas. Abortion illegal. Assistance from UNFPA, WHO/PAHO, USAID, IDRC, FPIA, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation and UUSC.

●▲■ HONDURAS

2,653,857 *(1974)*	3.5%	49.3	14.6

Government programme since 1966, services at about 35 centres. Plans to train nurse aids to deliver health services in rural areas, including distributing pills and inserting IUDs. FPA, founded in 1961, IPPF member 1965, runs 2 clinics with 8,781 new and 3,986 old acceptors in 1975 – majority orals. CBD project for orals through satisfied users – 8,920 acceptors in 1975. FPA also responsible for comprehensive programme and runs literacy/fp project. Abortion legal only for therapeutic reasons. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, USAID, Pathfinder Fund, Population Council, World Education and WAY.

●▲■ JAMAICA

2,058,000	1.5%	30.8 *(1974)*	7.2 *(1974)*

Government programme since 1966; target to reduce birth rate to 25/1000 by 1977. Integration of fp in health services through clinics and community health aids started in 1975. Services at 161 centres, by 2 mobile teams and through CBD project with 172 distribution posts for orals and 422 for condoms. FPA, founded in 1957, IPPF member the same year, concentrates on I&E, especially for youth and runs 2 clinics with 1,684 new and 4,960 continuing acceptors in 1975. FPA also runs CBD project with 2,724 new acceptors. Abortion legal on medical grounds. Sex education curricula under preparation. IPPF grant to FPA. Assistance from UNFPA, IBRD, UKODM, IDRC, USAID, AVS, Ford Foundation, IASSW, Pathfinder Fund, Westinghouse Population Center and WAY. Government grant to IPPF.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

▲MARTINIQUE

369,000	1.4%	22.4 *(1973)*	6.8 *(1973)*

No official policy or programme. FPA founded in 1967.

●MEXICO

▲■

61,196,000	3.3%	43.4 *(1974)*	8.6 *(1974)*

Government policy in 1973 to reach 20% of women in fertile ages (2.4 million) by 1976. Fp recognized as basic right in Constitution. Services at 688 MOH clinics and clinics of Social Security Institutes. Government also runs active I&E campaign. FPA, founded in 1965, IPPF member in 1967, responsible for services not covered by national programme and provides I&E. 56,835 new and 87,130 continuing acceptors at 98 FPA clinics in 1975. Sex education in primary and secondary schools. Abortion legal on medical grounds and in cases of rape only but widespread. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, IDRC, SIDA, USAID, AVS, Ford Foundation, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, Tinker Foundation and WAY.

○MONTSERRAT

▲■

13,000	0.7%	24.3 *(1974)*	10.5 *(1974)*

No official policy but increasing support to fp and FPA, founded in 1966, CFPA member 1973. FPA runs a clinic with 277 new and 345 continuing acceptors in 1975 and an I&E programme. Sex education being incorporated in school curricula. Abortion legal on medical grounds. IPPF grant to FPA.

NETHERLAND ANTILLES

247,000	1.8% *(1970–74)*	20.0 *(1973)*	4.8 *(1973)*

○ARUBA – Government support to FPA, founded in 1970, CFPA member 1973. Runs 2 ▲■ clinics and provides services through 15 private doctors with 675 new and 1,073 continuing acceptors, 11 male and 164 female sterilizations in 1975. FPA information centre provides counselling and sex education to schools. IPPF grant to FPA.

○CURACAO – Government support to FPA, founded in 1965, CFPA member 1973. Runs 3 ▲■ part-time clinics at government health centres, 1 full-time clinic and part-time clinics in factories – 858 new and 1,168 continuing acceptors in 1975. FPA also active in I&E and carries out sex education programme in schools. Abortion illegal but widespread. IPPF grant to FPA.

▲ST MAARTEN – Small fp programme by FPA which became CFPA member in 1974. Runs ■ 4 clinics – 3 at government premises, with about 500 acceptors annually.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●NICARAGUA

▲■

2,155,000 *(1975)*	3.3%	48.3	13.9

Government programme since 1968, services at 63 health centres, 8 social security outlets and 4 private institutions with 15,502 new and 28,340 continuing acceptors in 1975. FPA, founded in 1970, IPPF member 1975, supports national programme in I&E and trains medical and paramedical personnel. 4,323 new and 2,583 continuing acceptors at 6 FPA clinics in 1975. FPA also runs CBD project with 4,519 new and 8,032 continuing acceptors in 1975. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, USAID, Pathfinder Fund and WAY.

●PANAMA

▲■

1,725,000	2.5% *(1975)*	31.7 *(1975)*	5.2 *(1975)*

Government MCH/fp programme since 1969 through public health network. Services at 72 centres with 17,624 new acceptors in 1974. FPA, founded in 1965, IPPF member 1969, signed an agreement with MOH to provide I&E support to national programme and train medical and paramedical personnel. 428 new and 204 continuing acceptors at 2 FPA clinics in 1975. FPA also runs CBD project for orals and condoms – 243 new and 1,101 continuing acceptors in 1975. Sex education introduced in schools from primary level since 1975. Abortion illegal. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, UNESCO and USAID.

○PARAGUAY

▲■

2,724,000	2.8%	39.8	8.9

Government attitude pro-natalist but services offered at 27 clinics with about 24,000 active acceptors. FPA, founded in 1966, IPPF member 1969 concentrates on I&E and runs 29 clinics – 6 at government premises. 7,575 new and 18,644 continuing acceptors in 1975. CBD project for orals started in 1975. FPA also provides education and services for armed forces and trade unions. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from UNFPA, USAID, Mennonite Central Committee, Pathfinder Fund and World Neighbors.

○PERU

▲■

15,777,000	2.9%	41.0	11.9

Government policy announced in September 1976 to provide fp information and services and to reduce birth rate to 24/1000 by 2000. MCH Institute set up in 1972 to provide fp services. FPA (founded in 1969, IPPF member 1970) agreement with government to be responsible for I&E and medical and para-medical training. FPA medical activities discontinued since January 1975. By end of 1973, FPA had 11 clinics in operation at hospitals in the north-middle region. About 45 clinics are run by Catholic Church groups, 21 located at MOH health centres. Abortion illegal, IPPF grant to FPA. Assistance from UNFPA, USAID, FPIA, Ford Foundation, Population Council and Rockefeller Foundation.

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●PUERTO RICO

3,066,000 *(1974)*	2.8% *(1970–74)*	23.3 *(1973)*	6.5 *(1973)*

Government programme since 1967. FPA founded in 1954, IPPF member the same year. Government and private activities integrated and a new fp unit set up in 1974. Since then FPA ceased clinical activities and emphasized I&E. 265 new acceptors at 2 FPA clinics in 1974. 60% of couples in fertile ages practise contraception – about 25% of women estimated to be sterilized. Assistance from US Department of HEW.

●ST KITTS-NEVIS

66,000*	0.4%* *(1970–74)*	24.1* *(1974)*	10.8* *(1974)*

Government programme since 1971, fp fully integrated with health services. 458 new and 1,733 continuing acceptors in 1975 at 7 MCH/fp centres. Main role of FPA, founded in 1966, CFPA member 1973, to provide contraceptive supplies and I&E support to national programme. FPA also runs a model clinic with 121 new and 417 continuing acceptors in 1975. Literature for family life education in schools provided by FPA. Abortion illegal. IPPF grant to FPA. Assistance from UNFPA and WHO.

○ST LUCIA

110,000	1.5% *(1970–74)*	40.9 *(1972)*	9.3 *(1972)*

Government announced family life education programme in 1975 and allows FPA to provide services in health centres. FPA, founded in 1967, CFPA member 1974, runs 30 clinics with 1,762 new and 3,256 continuing acceptors in 1975 – majority orals. FPA also active in I&E and sex education. IPPF grant to FPA. Assistance from IDRC.

●ST VINCENT

94,000	1.2%	34.4 *(1973)*	10.0 *(1973)*

Government started MCH/fp programme in November 1975 and opened its first clinic. FPA, founded in 1965, CFPA member 1974, will mainly concentrate on I&E. 754 new and 2,052 continuing acceptors in 1975 at 25 FPA clinics – all but one at health centres. FPA active in I&E, sex education and fieldwork. IPPF grant to FPA. Assistance from UNFPA, WHO/PAHO, IDRC and OXFAM.

▲SURINAM

434,000	2.6%	41.6	7.5

No official policy, programme or support to fp. FPA, founded in 1969, CFPA member 1973, provides services at 2 clinics and through 4 private doctors – 1,245 new and 2,285 continuing acceptors in 1975 – majority orals. FPA also active in I&E. IPPF grant to FPA.

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)

●TRINIDAD AND TOBAGO

1,019,000	1.1%	24.0 *(1974)*	6.5 *(1974)*

Government programme since 1967; services at 77 MCH/fp centres. FPA, founded in 1961, IPPF member the same year, concentrates on I&E, trains its own and government personnel and runs 5 clinics with 3,933 new and 14,599 continuing acceptors and 24 male and 363 female sterilizations in 1975. Midwives allowed to insert IUD's. Abortion legal on medical grounds. Family life education in schools. IPPF grant to FPA. Assistance from IBRD, WHO/PAHO, UNICEF, DANIDA, AVS, OXFAM, Population Council and WAY.

●UNITED STATES OF AMERICA

215,832,000	0.8%	14.8 *(1975)*	9.0 *(1975)*

Government services through 4,500 government and private family planning facilities, with an estimated 5 million acceptors in 1975, majority orals. Sterilizations increasing – 674,000 female and 639,000 male in 1975. FPA founded in 1917, IPPF member 1952, had 700 clinics with 1,030,000 acceptors in 1975. Abortion declared legal in all states by the Supreme Court in 1973. Extensive sex education; SIECUS main agency. IPPF Western Hemisphere Regional Office in New York. USA is major donor to country programmes and international organisations including IPPF, through USAID and many private foundations eg. Ford and Rockefeller Foundations, Pathfinder Fund and Population Council.

○URUGUAY

2,763,964 *(1975)*	1.3% *(1975)*	20.9 *(1973)*	9.5 *(1973)*

Government attitude pro-natalist but allows FPA, founded in 1961, IPPF member the same year, to run clinics at hospitals and health centres. 6,539 new and 11,441 continuing acceptors at 26 FPA clinics in 1975 – majority IUDs. FPA also carries out I&E and sex education. Higher taxes for contraceptives introduced in 1975. Abortion legal on medical grounds only but widespread. IPPF grant to FPA. Assistance from WHO/PAHO, CIDA and PPFC.

●VENEZUELA

11,993,000 *(1975)*	2.9%	37.3 *(1974)*	6.3 *(1974)*

Government programme since 1974 as part of MCH. Services at 203 clinics and plans to open 100 more in rural areas. FPA, founded in 1966, IPPF member 1971, handed over its 118 clinics to government. Now runs one clinic and concentrates on I&E and training. Abortion legal on medical grounds. IPPF assistance to FPA. Assistance from AVS, Ford Foundation, Pathfinder Fund, Population Council and Rockefeller Foundation.

16 * including Anguilla

○ SOME GOVERNMENT INVOLVEMENT ● GOVERNMENT PROGRAMME ▲ FAMILY PLANNING ASSOCIATION ■ IPPF MEMBER

Asia

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1970-75)	Life Expectancy (1970-75)
East Asia	1,021,974,000	1,369,069,000	1.7%	26.2	9.8	32.7%	62.5
South Asia	1,282,955,000	2,267,266,000	2.5%	41.9	16.7	43.1%	48.5
USSR	257,591,000	315,027,000	1.0%	17.8	7.9	25.7%	70.4

Unlike Africa and Latin America most countries in Asia have launched national family planning programmes in a deliberate effort to slow down the rate of growth of their population. The pressure of population was recognized in India as early as 1951 and many other governments initiated nation-wide programmes in the 1960s. Pioneering work in almost all countries which have national programmes today was done by voluntary family planning associations. The most important goal they achieved was to demonstrate to their governments the need for family planning services. For many, this meant working under extremely unfavourable government policies and under restrictive legislation which often made their activities illegal. The change in government attitudes towards family planning that have taken place in a very short time is a remarkable success for the associations.

In several Asian countries such as Korea, Sri Lanka, Hong Kong, Singapore and Taiwan, birth rates have already shown significant declines but there are also indications that even the most successful programmes have now reached a plateau. New approaches are needed to reach the hard-core groups and to eliminate the potential effects on the fertility levels of the increasing number of women in child-bearing ages as a result of the post-war boom. These new approaches broaden the scope of both public and private family planning programmes. While in some countries like India and Sri Lanka more emphasis is placed on an integrated approach which aims at combining all development efforts, a number of other countries try widening contraceptive delivery channels by permitting para-medical and non-medical people to play a more active role in the distribution of pills and other contraceptives and insertion of IUDs. In an innovative project in Bangladesh rural midwives are trained in sterilization techniques. Community-based distribution of contraceptives is another approach being tried in an increasing number of countries – mostly by IPPF member associations.

There is a growing recognition too, of the restrictive effects of existing laws relating to population and family planning programmes. Many Asian countries are now actively involved in the review of their laws with a view to make the legal reforms that are necessary to remove legal impediments to programmes. Singapore and India have already moved beyond family planning by introducing legislation which restricts some social welfare benefits such as tax reduction and maternity allowances to couples with small numbers of children and gives low priority to large families for government housing and for other benefits.

Government interest in family planning is a relatively recent phenomenon in the middle-east. With the exception of Iran and Turkey, there are no governmental programmes but in a few countries such as Syria and the Yemens governments have started to show an interest in the MCH aspects of family planning. In nine out of 15 middle-eastern countries there is a voluntary family planning association. The most dramatic event in 1975 took place in Saudi Arabia with the government ban on all contraceptives with a six-month imprisonment for their smuggling.

Because of the widely differing fertility, mortality and health standard levels between East Asia and South Asia, two separate sets of statistics are given in the table above. Figures for East Asia which includes China, Japan, Republic of Korea and Hong Kong are now becoming closer to the statistics of more developed regions. South Asia has the second highest birth rate in the world but the relatively high death rates make the population growth rate at almost the same level as in Latin America. However, the largest addition to world population in absolute numbers comes from Asia.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ AFGHANISTAN

▲ ■

19,796,000	2.5%	49.2	23.8

No official policy but MOH promotes integration of fp into MCH. FPA, founded in 1968, IPPF member 1971, is establishing a nationwide network of 34 fp clinics integrated into government MCH clinics by end of 1976. FPA also concentrates on I&E and training. 26 FPA clinics recruited 13,456 new acceptors in 1975 – majority orals. IPPF grant to FPA. Assistance from UNFPA, UNESCO, UNICEF, WHO and USAID.

▲ BAHRAIN

259,000	3.1% *(1970–74)*	–	–

No official policy but some interest in government circles to incorporate fp into health services. FPA founded in 1975, aims to promote fp as a MCH measure and as a human right. Contraceptives available commercially. Abortion permitted only to save life of mother.

● BANGLADESH

▲ ■

75,529,000	3.0% *(1975)*	49.5	28.1

Government programme reorganized in 1973, aims to develop integrated health services including fp. Target to reduce growth rate to 2.8% by 1978. Services through over 1,030 MCH/fp clinics. Orals and condoms most popular. Paramedics allowed to prescribe orals and insert IUDs. Intensive I&E programme. FPA, founded in 1953, IPPF member 1975, was reorganized after independence. Now concentrates on I&E, rural integrated projects and co-ordinating voluntary efforts. 22,500 new acceptors in 1975 through one FPA clinic and 31 supply centres located in factories, agricultural co-operative societies, other voluntary agencies and rural demonstration project areas. CBD project for orals and condoms. IPPF grant to FPA. Assistance from UNFPA, ILO, UNICEF, WHO, UNESCO, IBRD, FAO/WFP, ADAA, UKODM, CIDA, DANIDA, Federal Republic of Germany, Finland, NORAD, SIDA, USAID, Asia Foundation, AVS, FPIA, Ford Foundation, IASSW, OXFAM, Pathfinder Fund and World Education.

BHUTAN

1,202,000	2.3%	43.6	20.6

No organized fp activities.

BRUNEI

149,000	2.5% *(1970–74)*	34.7 *(1973)*	4.8 *(1973)*

No official policy and no organized fp activities. Advice available privately.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

BURMA

31,992,000	2.4%	39.5	15.8

Population Commission set up in 1976 to formulate population policy. Interest in fp as part of MCH in official and medical circles. FPA founded in 1960, has virtually ceased activities since 1963. Abortion widespread and permitted only to save life of mother. Sterilization available for medical indications only. Orals and IUDs available in some hospitals.

CAMBODIA (Khmer Republic)

8,349,000	2.8%	46.7	19.0

No information available on present fp situation. Government had integrated a small fp programme with MCH services in 1972. FPA was founded in 1971, and became IPPF member in 1973. French 1920 anti-contraceptive law still existed and abortion was legal only to save life of mother. IPPF gave grant to FPA; UNFPA, IGCC and Thailand provided assistance.

● CHINA, PEOPLE'S REPUBLIC OF

852,565,000	1.7%	26.9	10.3

Government programme since 1957, target to reduce growth rate to 1% by 2000. Fp integrated into health services and available through local units, rural health stations and bare-foot doctors. All methods of fp, including late marriage. Contraceptives, sterilization and abortion free-of-charge. Orals widely available since 1967 and 'paper pill' more recently. Paramedics distribute orals and insert IUDs. Massive fp education campaign, particularly in rural areas. Abortion legalized in 1957.

○ CYPRUS

▲ ■

638,900 *(1975)*	1.2%	16.9 *(1975)*	9.1 *(1975)*

No official policy but government is favourable towards FPA, founded in 1971, IPPF member in 1973. FPA runs 2 clinics but its main activities are in I&E and sex education. FPA provides I&E in MOA rural centres. Contraceptives available from private doctors and pharmacies. Abortion legal since 1974 on medical and socio-economic grounds. IPPF grant to FPA. Assistance from UNFPA and USAID.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●HONG KONG

▲■

4,379,000 *(1975)*	1.4%	18.3 *(1975)*	5.5

Government programme announced in 1973 to integrate fp into MCH services. FPA clinics in government health centres and hospitals taken over by the government. Low dose orals available without prescription. FPA, founded in 1936, IPPF member 1952, continues to run its own clinics in areas not covered by the government. 24,285 new acceptors at 33 FPA clinics in 1975 – 67% orals. 3 vasectomy and 5 male clinics started in 1975. FPA has a comprehensive I&E and training programme and started a CBD project in 1974. Abortion legal on medical grounds. IPPF grant to FPA. Assistance from Asia Foundation, IASSW and Population Council.

●INDIA

▲■

598,097,000 *(1975)*	2.4%	35.0 *(1976)*	15.7

Government programme since 1951; target revised in 1974, to reduce birth rate to 30/1000 by 1979. Services at over 50,000 government and 5,000 other organization clinics to 17.6 million couples by end of 1975 – 16.9% of all couples in reproductive age group. Emphasis on sterilization and several state governments introducing legislation to encourage sterilization after three children, including use of incentives and disincentives. All methods available although orals on medical advice only. Pilot programmes for providing orals through 1,436 urban and 691 primary health centres free-of-charge. Nationwide CBD project for condoms and an extensive training programme. FPA, founded 1949, IPPF member 1952 provided services through 74 fixed and mobile clinics to 98,994 new acceptors in 1975 – sterilization and condoms most popular. FPA also concentrates on training, population education and innovative projects and runs rural integrated projects. Abortion law liberalized in 1971, effective 1972, allows abortion on social and medical grounds. Legal age of marriage being raised to 21 for men and 18 for women. Population education generally available in schools, adult centres and through less formal channels. IPPF grant to FPA. Assistance from UNFPA, UNICEF, UNESCO, ILO, IBRD, WHO, IDRC, DANIDA, SIDA, NORAD, UKODM, USAID, WAY, Lutheran World Relief, OXFAM, FPIA, CWS, World Neighbors, Population Council, Ford Foundation, Pathfinder Fund, IASSW and World Education.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●INDONESIA

▲■

139,635,000	2.6%	42.9	16.9

Government programme since 1968; target 8 million new acceptors in Java and Bali in 1974–79 and 1 million new acceptors in Outer Islands. Services at 2,294 clinics in Java and Bali with over 2 million active users in 1975; 68% orals. Fp also available at Armed Forces clinics and hospitals. Extensive use of fieldworkers and 115 mobile units for I&E. FPA, founded in 1957, IPPF member 1967, was responsible for training of non-medical personnel for national programme through 18 training centres until 1975. Training now joint responsibility with government and community education, youth programmes and clinical services in Outer Islands main FPA role. FPA supplies contraceptives to 164 centres in Outer Islands and 28 in Java and Bali. Tax disincentives for large families. Abortion legal only to save life of mother. High custom duties on contraceptives abolished if imported through MOH. Population education to be included in all schools from January 1977. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO, IBRD, UNESCO, FAO/WFP, JOICFP, NORAD, USAID, CWS, FPIA, APHA, AVS, Asia Foundation, Ford Foundation, IDRC, IASSW, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, World Education, World Neighbors and World University Service. Government grant to IPPF.

●IRAN

▲■

33,957,000	3.0%	45.3	15.6

Government programme since 1967; target to reduce growth rate to 1.5% by 1995. Services through over 2,600 clinics and 50 mobile units. FPA founded in 1958, IPPF member 1971. 50,649 new acceptors at 31 FPA urban and 165 rural clinics in 1975 – orals and condoms most popular. Emphasis on education, greater involvement of youth, and fp services in community development context and in rural areas. Abortion legal on social and medical grounds since 1973. Orals available without prescription and qualifed midwives insert IUD's. Sex education being introduced in school curricula. IPPF grant to FPA. Assistance from UNFPA, UNESCO, ILO, UNICEF, WHO, IBRD and Population Council.

○IRAQ

▲■

11,453,000	3.4%	48.1	14.6

Government policy pro-natalist but support to FPA, founded in 1971, IPPF member the same year. FPA has developed a maternity-centred fp programme and provides services through 6 clinics based at major maternity hospitals and MCH centres with 5,716 new acceptors in 1975 – over half orals. It also has an I&E programme. Abortion legal on medical and juridicial grounds and if performed within the health service. Orals off prescription and non-physicians allowed to insert IUDs since 1975. IPPF grant to FPA. Assistance from UNFPA mainly for demographic projects.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○ ▲ ■ ISRAEL

3,517,000	2.9%	26.4	6.7

Government attitude pro-natalist but recently health services have been authorized to develop fp services within MCH. Fp available at most out-patient maternity clinics and orals available without prescription. FPA, founded in 1966, IPPF member 1976, undertakes I&E and training activities. Hospitals of the Sick Fund of the General Federation of Labour offer fp. New bill under discussion to liberalize abortion. Family life education has officially been accepted by MOE.

● ▲ ■ JAPAN

111,933,000 *(1975)*	1.3%	17.2 *(1975)*	6.3 *(1975)*

Government programme since 1952. An All-party Parliamentary Population Group set up in April 1974 to study population and related issues. Fp services at about 600 MCH and 830 public health centres. Most IUDs and orals illegal although some IUDs legalized in July 1974. Orals sold at chemists as menstrual cycle regulators. Condoms most popular and available through fieldworkers. FPA, founded in 1954, IPPF member the same year, concentrates mainly on motivational work, sex education and training. Abortion is legal, easily available and inexpensive. Government gives international assistance and grants to IPPF.

○ ▲ ■ JORDAN

2,779,000	3.3%	47.6	14.7

No official policy but government supports FPA, founded in 1963, IPPF member 1964. FPA has 28 clinics and runs 4 clinics jointly with UNRWA. 4,673 new and 12,429 continuing acceptors in 1975. I&E efforts directed to special target groups eg. youth clubs, teachers, women's unions and voluntary organizations. Abortion illegal, but in practice accepted on medical and juridicial grounds. IPPF grant to FPA. Assistance from UNFPA, UNESCO and FPIA.

KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF

16,256,000	2.6%	35.7	9.4

No information on fp activities.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

● ▲ ■ KOREA, REPUBLIC OF

34,688,000 *(1975)*	1.7% *(1975)*	24.0 *(1975)*	7.0 *(1975)*

Government programme since 1962; target to reduce growth rate to 1.3% by 1981 and to recruit 3.1 million acceptors between 1977–81. Fourth 5-year development plan 1977–81 gives increased priority to fp. Inter-ministerial population policy committee established in 1976. 38% of fertile married population practise contraception and 2.35 million births averted in 1962–73. Services through 198 health centres and 1,802 government designated doctors to 502,883 new acceptors (excluding condom users) in 1975 – majority IUD. FPA, founded in 1961, IPPF member the same year, has responsibility for I&E component in the national programme and operates a network of 29,984 Mothers' Clubs through which orals and condoms are distributed. FPA provides services in 75 government hospitals and started CBD project in 1975. About 30,000 new acceptors recruited in 1975 at 14 FPA demonstration clinics in low income areas. Korean Institute of Family Planning provides training for the national programme. Orals available commercially and trained paramedics prescribe orals and insert IUDs. Abortion legal on medical, eugenic and juridicial grounds. IPPF grant to FPA. Assistance from UNFPA, WHO, UNESCO, UNICEF, SIDA, USAID, FAO/WFP, Asia Foundation, AVS, FPIA, IASSW, OXFAM, Population Council and Rockefeller Foundation. Government grant to IPPF.

KUWAIT

994,837 *(1975)*	7.1%	47.1	5.3

No official policy and no organized fp activities, but individual doctors give advice and supplies are available commercially. Population growth through immigration is high. Abortion permitted only to save life of mother.

LAOS

3,381,000	2.2%	44.6	22.8

Government banned use of contraceptives in order to increase population in 1976. In 1972 policy to reduce population growth was announced and a Commission for Promotion of Family Well-Being was set up. MOH was in the process of integrating fp in MCH. FPA, founded in 1969, became IPPF member in 1973, provided services and I&E; dissolved in 1975. Red Cross also played an active role. French 1920 anti-contraceptive law was in force and abortion, although illegal, was widespread. IPPF gave grants to FPA and UNFPA, WHO, USAID and Asia Foundation also gave assistance.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○▲■LEBANON

2,959,000	3.0%	39.8	9.9

No official policy or programme, but FPA, founded in 1969, IPPF member 1970, allowed to run clinics in government health centres and in Social Affairs Institutes. 3,258 new acceptors in 1975 at 18 FPA clinics – orals and condoms most popular. 5 clinics had to be closed down in 1976. FPA assists other organizations and government departments eg. Army and Ministry of Labour and Social Welfare, in providing fp services in their welfare clinics and started CBD project in Southern Lebanon in 1975. The Penal Code still prohibits contraception and abortion is permitted only to save life of mother in special cases. IPPF grant to FPA. Assistance from UNFPA, UNESCO, CWS and Pathfinder Fund.

MALDIVE ISLANDS

128,697 *(1974)*	2.0% *(1972)*	33.2 *(1972)*	6.5 *(1972)*

Government interest in integrating fp with MCH services.

MALAYSIA

12,454,000	2.6% *(1975)*	38.7	9.9

●▲■WEST MALAYSIA – Government programme since 1966, target to reduce growth rate to 2% by 1985. 77 Government clinics and 440 mobile units, plantations, Federal Land Development Authority schemes and private practitioners provide services. Fp to be integrated in MCH services by end of 1976. In rural areas services also provided by government nurses, auxiliaries and midwives. 1,011 auxiliaries trained in 1975. Over half a million women – 43% of eligible couples practise fp. Orals main method used. FPA, founded in 1958, IPPF member 1961, provided services through 236 plantations, mobile and static clinics to 13,468 new acceptors in 1975. FPA runs family life education and youth programmes. Abortion legal on medical, eugenic and juridicial grounds. Population education being introduced in school curricula. IPPF grant to FPA. Assistance from UNFPA, UNICEF, UNESCO, WHO, IBRD, IDRC, SIDA, USAID, Asia Foundation, AVS and World Education. IPPF East & South-east Asia & Oceania Regional Office in Kuala Lumpur.

○▲SABAH – No official policy or programme but government support to FPA, founded in 1967. FPA runs 3 main and 51 sub-clinics with 11,728 new acceptors in 1975 – majority orals. A trial CBD project in rural areas started in 1975. FPA also runs I&E and training programmes. IPPF grant to FPA.

○▲SARAWAK – Government integrating fp in MCH services. FPA founded in 1962, working closely with government. 9,284 new and 19,516 continuing acceptors at FPA's 9 main and 108 sub-clinics in 1975 – majority orals. FPA responsible for training its own, government and other agencies' paramedical personnel and runs I&E programme. IPPF grant to FPA.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

MONGOLIA

1,489,000	2.9%	38.8	9.3

No information on fp activities.

●▲■NEPAL

12,877,000	2.3%	42.9	20.3

Government programme since 1965; target to reduce growth rate to 1% by 1985. Basic fp and MCH services at 265 government centres with over 1 million acceptors in 1975 – condoms and orals most popular and sterilization gaining in popularity. FPA, founded in 1958, IPPF member in 1960, supports national programme and participates in joint projects. 12,700 new acceptors at 6 FPA clinics and mobile camps in 1975. I&E activities directed at local leaders, workers and youth groups. Marriage age raised to 21 for men and 18 for women. Orals available at designated chemists without prescription. Abortion permitted only on medical grounds. IPPF grant to FPA. Assistance from UNFPA, UNESCO, UNICEF, USAID, FPIA, AVS, World Neighbors and World University Service.

OMAN

791,000	3.3% *(1970–74)*	42.9	20.3

No organized fp activities; some services available in private hospitals. Abortion permitted only to save life of mother.

●▲■PAKISTAN

72,370,000	3.1%	44.5 *(1976)*	15.0 *(1976)*

Government programme since 1960; redesigned in 1976 with more emphasis on integrating fp with rural and agricultural programmes and on sterilization. Target to reduce growth rate to 2.6% by 1981. About 700 fp clinics and a CBD project with 40,000 distributors in operation. FPA founded 1953, IPPF member 1954, recruited 28,300 new acceptors at 64 centres and started a CBD project in 1975. FPA experiments in innovative education and communication methods, and gives priority to services to rural areas, workers, slum dwellers, young people and women. Trained paramedics allowed to insert IUDs and orals available without prescription. Abortion legal on medical grounds only. IPPF grant to FPA. Assistance from UNFPA, UNICEF, UNESCO, WHO, ADAA, Germany, NORAD, UKODM, USAID, AVS, FPIA, Ford Foundation, IASSW and Population Council. Government grant to IPPF.

●▲■ PHILIPPINES

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
41,831,045 *(1975)*	2.6%	37.4 *(1975)*	10.5

Government programme since 1970; target to reduce growth rate to 2.4% by 1977. Fp integral part of social development and about 40 government and private agencies participate in the programme. Services at over 2,700 clinics with 716,000 new acceptors in 1975 – over half orals. Sale of condoms and orals through commercial channels since 1975. Sterilization gaining popularity. Special projects to reach rural areas. 2 FPAs, founded in 1961 and 1965, merged in 1969; IPPF member since 1965; 63,975 new acceptors through 335 FPA clinics in 1975. FPA concentrates on integrated projects, I&E and training activities directed at rural areas and youth. Anti-contraceptive law liberalized in 1969 and restrictions on pro-natalist social measures introduced in 1973. Trained nurses and midwives allowed to dispense and administer all acceptable contraceptives. A five-year government programme to introduce population education in primary and secondary education. IPPF grant to FPA. Assistance from UNFPA, UNICEF, WHO; UNESCO, IBRD, JICA, IDRC, USAID, APHA, Asia Foundation, AVS, FPIA, CWS, Ford Foundation, IASSW, JOICFP, OXFAM, Pathfinder Fund, Population Council, PSI, Rockefeller Foundation, World Education and World Neighbors.

QATAR

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
95,000	3.1%	–	–

No organized fp activities. Abortion permitted only to save life of mother.

SAUDI ARABIA

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
9,238,000	2.9%	49.5	20.2

Government banned contraceptives in April 1975; smuggling of contraceptive pills or devices punishable by six-month imprisonment. Until then, some contraceptives were available locally, and there was some interest in health aspects of fp.

SIKKIM

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
226,000	2.0%	–	–

No organized fp activities.

●▲■ SINGAPORE

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
2,284,000	1.3% *(1975)*	17.6 *(1975)*	5.2 *(1975)*

Government programme since 1965; target to reduce birth rate to 18/1000 by 1975 achieved. Long-term target to achieve zero population growth by maintaining replacement level fertility ie., net reproduction rate of 1.0 or the two child family average. Government provides all services – increasing emphasis on sterilization, reaching hardcore groups and reducing desired family size to two irrespective of sex. 68% of married women 15–44 years currently practise fp. Intensive I&E programme including schools and places of work. 16,692 new acceptors at 45 MCH/fp clinics in 1975 – orals most popular. Hospitals also provide services and an effective post-partum and post-abortal programme. FPA, founded in 1949, IPPF member in 1952, concentrates on I&E aimed at youth, trade unions and other professional groups. Abortion and sterilization legalized in 1969 and further liberalized in 1974 and 1975 respectively. Abortion now available on request. Anti-natalist legislation eg., no maternity benefits beyond third child, low priority for government housing, higher maternity fees, no tax deductions from fourth child onwards introduced in 1973 and reinforced since. IPPF grant to FPA. Assistance from UNFPA, UNICEF, UNESCO, UKODM, IDRC, Asia Foundation, IASSW, Pathfinder Fund and Population Council.

●▲■ SRI LANKA

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
14,282,000	2.2%	28.6	6.3

Government programme since 1965 integrated into general health services. Revised target to reduce birth rate to 23/1000 by 1980. Services available at 1,174 clinics in hospitals, MCH centres and polyclinics and through domiciliary services by public health midwives and nurses. 575 ante-natal clinics equipped to provide IUD insertions and other fp services. Orals and condoms distributed by public health midwives at subsidized prices. FPA, founded in 1953, IPPF member in 1954, runs 8 clinics with extensive use of mobile units. 5,300 new acceptors (3,200 vasectomy) in 1975. FPA I&E programme directed to rural areas and youth. Special project to cover 42 industrial firms. IPPF CBD project for condoms started in 1973, island-wide oral distribution in 1976. Abortion legal on medical grounds only. IPPF grant to FPA. Assistance from UNFPA, WHO, ILO, UNESCO, UNICEF, SIDA, USAID, AVS, IASSW, FPIA, Pathfinder Fund, Population Council, World Neighbors and PSI. Government grant to IPPF. IPPF Indian Ocean Regional Office in Colombo.

○▲■ SYRIA

Population (1976)	Growth rate (1970–75)	Births per 1000 (1970–75)	Deaths per 1000 (1970–75)
7,355,000 *(1975)*	3.0%	45.4	15.4

MOH/fp division set up in 1974 to incorporate fp into health structure. FPA founded in 1974, IPPF member 1975, works closely with government. FPA runs 3 clinics and I&E and training programmes. Publicity for contraceptives illegal; abortion permitted to save life of mother only. IPPF grant to FPA. Assistance from UNFPA.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲TAIWAN

16,264,198 *(1975)*	1.8% *(1975)*	22.8 *(1975)*	4.7 *(1975)*

Government programme since 1964, policy announced in 1968. Target to reduce growth rate by 1.8% by 1978 achieved in 1975. Services available through government clinics, health centres and private doctors and emphasis on fieldworkers operating from health stations throughout the island. 60% of married women aged 15–44 practising fp by the end of 1975 with nearly 300,000 new acceptors in 1975. Sterilization emphasized; monthly 2,800 acceptors in 1975. 2 FPAs, founded in 1954 and 1963. The first FPA concentrates on Taipei and other large cities. The other FPA works in co-operation with provincial health departments, and provides support to government I&E programme. Abortion easily available, although permitted for medical reasons only. Abortion law reform under consideration. Population and fp education integrated into school curricula. Import duties on contraceptives for government use removed and for commercial use lowered. Assistance from UNICEF, AVS, Population Council, Pathfinder Fund, FPIA, OXFAM, Ford Foundation and Lutheran World Relief.

●▲■THAILAND

43,490,000	2.7% *(1975)*	43.4	10.8

Government programme since 1970; target to reduce growth rate to 2.1% by 1981. Fp integrated into existing health network. 353,205 new acceptors by government, FPA and other agencies in 1975; majority orals. Large scale sales of contraceptives over the counter. Health centres instructed to distribute orals free-of-charge in 1976. FPA, founded in 1970, IPPF member 1971, concentrates on I&E with emphasis on youth, workers and fp within rural and community development schemes. CBD in rural areas through housewives and extension workers. IPPF-supported CBD project since 1973. Trained auxiliary midwives permitted to prescribe orals and to insert IUDs. Abortion legal to safeguard woman's health and for juridicial reasons. Fp being integrated into schools and adult literacy programmes. IPPF grant to FPA. Assistance from UNFPA, WHO, UNICEF, UNESCO, IDRC, UKODM, JICA, USAID, APHA, Asia Foundation, AVS, CWS, FPIA, Ford Foundation, IASSW, JOICFP, OXFAM, Pathfinder Fund, Population Council, Rockefeller Foundation, World Education and World University Service. Government grant to IPPF.

●▲■TURKEY

40,908,000	2.5%	39.4	12.5

Government programme since 1965. 62,744 acceptors in 1975 at 577 government clinics in hospitals and MCH centres. A bill to integrate fp with MCH under consideration and two pilot MCH/fp projects. FPA, founded in 1963, IPPF member 1965, provides services through 10 clinics with 11,835 acceptors in 1975 and runs I&E programme. Abortion legal on medical and eugenic grounds. IPPF grant to FPA. Assistance from UNFPA, WHO, UNICEF, IDRC, USAID, AVS, FPIA, IASSW, Ford Foundation and Population Council.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

○UNION OF SOVIET SOCIALIST REPUBLICS

254,384,000 *(1975)*	1.0%	17.8	7.9

No official policy but advice and services available within health service, at local health centres and obstetrics and gynaecology departments of hospitals. Abortion available on request up to 12 weeks and widely practised since 1956.

UNITED ARAB EMIRATES

229,000	3.1%	–	–

No organized fp activities. Abortion permitted only to save life of mother.

●VIETNAM, SOCIALIST REPUBLIC OF

44,412,000	2.1%	41.5	20.5

Government programme in the north since 1971; fp services available since 1963. Target to reduce growth rate to 1.7% by 1980. IUD most popular. Abortion legal on socio-medical grounds. Before 1975, fp services provided in the south by Government and IPPF member FPA. Government now plans to launch fp programme in the south including pre-natal and post-partum services to improve MCH and to reduce growth rate by 2.5% per year. Assistance from SIDA.

▲YEMEN, ARAB REPUBLIC OF

5,237,893 *(1975)*	2.9%	49.6	20.6

No official policy but Government has shown some interest in health aspects of fp. Pilot project for integrated MCH/fp in Sana with UNFPA assistance. FPA, founded in 1974. Individual physicians give fp advice.

YEMEN, PEOPLE'S DEMOCRATIC REPUBLIC OF

1,710,000	2.9%	49.6	20.6

No official policy or programme but contraceptives available locally. A maternity-centred fp project supported by WHO and UNFPA started in 1975. Abortion permitted to save life of mother only.

Europe

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1970-75)	Life Expectancy (1970-75)
Europe	475,863,000	539,812,000	0.6%	16.1	10.4	23.9%	71.2

The degree of government involvement in family planning in Europe shows considerable variation although contraceptive services are generally available in most countries. In many European countries family planning has been integrated with public health services but despite the long history of voluntary family planning associations, government participation is relatively recent. In Britain for example, where the first family planning pioneers were active as early as the 1920s, the government assumed responsibility for providing contraceptive services in 1974. In 1975 contraceptive advice and services became part of social security in France, and in Portugal the government started providing services through public health centres. Under a new law passed in July 1975, municipal family planning centres will be set up in Italy with government support. There are still some countries however – Greece, Malta and Spain – where laws and regulations restrict the publicity or sale of contraceptives.

The pioneering role of the voluntary associations is well recognized by most governments. With the increased government participation in family planning, associations now are working as partners with the government programmes with specific responsibilities such as information and education programmes, training and sometimes operating model clinical programmes at government request.

Europe has the lowest population growth and birth rates in the world. The steady decline in fertility and the low levels of increase in population have started to cause concern among many governments especially in Eastern Europe. Although contraceptives are provided in these countries as a basic health service, and a substitute for abortion and in recognition of women's rights, some governments have taken steps to encourage higher birth rates by introducing increased social welfare benefits such as child allowances, maternity benefits, or housing allowances. Liberal abortion laws have been restricted in Bulgaria, Czechoslovakia, Hungary and Romania to women in older age groups and with more than 3 or 4 children. In contrast, western European countries are moving towards making abortion more easily and widely available. There are attempts too, to liberalize the laws restricting voluntary sterilization and in some countries, especially in Scandinavia, it is now available on request.

Sex education is another area where a great deal of advancement has been achieved in Europe. In many countries sex education is included in the primary and secondary school curricula and there is a trend to include family planning education in sex education in order to meet the needs of the younger generation. Family planning associations are very active in this area and work closely with the governments.

A major part of the international assistance to family planning programmes comes from European countries, particularly from Scandinavia, through both bilateral and multilateral channels.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

ALBANIA

2,482,000	2.7%	33.3 *(1971)*	8.1 *(1971)*

No organized fp activities and attitude to contraception unfavourable although imported condoms available in pharmacies. Abortion and sterilization banned. However, birth rate indicates some form of contraception is practised.

● AUSTRIA

7,523,000	0.3%	12.3	12.7

Ministry of fp set up in 1971, services at over 120 clinics – one in each rural district and fp included in social welfare information offices. FPA, founded 1970, IPPF member 1971, closely co-operates with government in I&E and runs 50 clinics at maternal and local health facilities, majority financed by government. FPA organizes training and sex education courses and meetings for health personnel, trade unionists and vocational schools. Ban on IUD lifted in 1973 and first trimester abortion on request legalized in January 1975. IPPF grant to FPA.

○ BELGIUM

9,813,000	0.4%	12.2	12.2

No official policy but contraceptives generally available and consultation fees reimbursed by social security; 25% of couples estimated to use effective contraceptives. Federated FPA founded in 1963, IPPF member 1967; regionalized activities in 1975 to allow regions to pursue independent policies. Undertakes sex education activities particularly among youth and training courses for teachers and other groups. FPA is lobbying government to provide services and I&E. Fp publicity legalized in 1973 and Ministry of Public Health information campaign on contraception since 1974. Abortion illegal. IPPF grant to FPA. Government grant to IPPF.

● BULGARIA

8,722,000	0.7%	16.6	10.3

Official policy and social measures to increase birth rate. Fp advice and services through 2,576 women's and MCH centres – varying from small rural preventive health centres to university hospitals. Most widely used method withdrawal (75%), 3% use orals and 5% IUDs. Family Development Council became IPPF member in 1975. Abortion restricted in 1973 to women aged 40 or more and/or with 2 or more children, except on medical or eugenic grounds.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

● CZECHOSLAVAKIA

14,862,000 *(1976)*	0.6%	19.5	11.5

Official policy and social measures to increase birth rate although government favours contraception as substitute to abortion and in recognition of women's rights. Fp advice and services at hospitals and health clinics. All methods available. Abortion restricted in 1973 to women over 40 or women with 3 or more children. Some social indications, eg. housing or financial difficulties are also grounds for abortion.

● DENMARK

5,059,000	0.4%	14.1 *(1974)*	10.2 *(1974)*

Government services through health network and general practitioners. FPA, founded in 1955, IPPF member the same year acts as co-ordinating body between government and other agencies and concentrates on I&E, especially sex education. Also runs 2 clinics in Copenhagen. Fp advice compulsory after delivery and abortion. First trimester abortion legal on request since 1973 and abortions doubled between 1972–74. Sterilization legal on request for those aged 24 or more. Sex education compulsory from age 7 since 1971. Government gives international assistance and grants to IPPF.

● FINLAND

4,725,000 *(1976)*	0.2%	14.2	9.4

Government services through public health network free-of-charge. FPA, founded in 1941, IPPF member 1959, is active in population and fp policy research and family guidance. FPA, a federation of 25 organizations, runs 4 clinics and conducts I&E. Fp advice compulsory after abortion which is available on social grounds. Sterilization legal. Maternity benefits extended and child allowances increased in 1974. Sex education in schools. Government gives international assistance and grants to IPPF.

● FRANCE

52,988,000 *(1976)*	0.3% *(1976)*	15.2 *(1974)*	10.4 *(1974)*

Government provides fp advice and services since December 1974; cost of contraceptives reimbursed by social security. FPA, founded in 1956, IPPF member 1959, runs over 350 advice centres, a few offer fp services. FPA has an active information, sex education and counselling programme and provides training. Abortion legal on request up to ten weeks of pregnancy and on medical grounds at later stages since January 1975. Measures introduced May 1976 to increase falling birth rate including higher family allowances, longer maternity leave and easier housing loans for growing families.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

●▲■ GERMAN DEMOCRATIC REPUBLIC

16,850,000	0.3%	10.8	14.2

Government services through health network free-of-charge. 40% of women in fertile ages use orals or IUDs. FPA, founded in 1964, IPPF member 1967, runs about 200 marriage and sexual counselling centres, mostly located at local health facilities and supported by government. FPA provides marriage counselling for young people and motivation to have children, especially second and third. Abortion legal and available free-of-charge during the first 12 weeks of pregnancy since 1972; 59 abortions per 100 live births in 1973. Sterilization of women permitted if no other method successful. Sex education compulsory in primary and secondary schools.

○▲■ GERMAN FEDERAL REPUBLIC

61,832,000	0.0%	9.7	12.1

No official policy but government support to a model fp and pregnancy counselling project. 22 of 53 model clinics run by FPA, founded in 1952, IPPF member same year. FPA also runs 2 mobile units to provide sex education and pregnancy counselling and is expanding its work in rural areas and among youth groups. Contraceptives widely available, 25% of women aged 15–44 use orals. In 1975 law passed for provision of orals under social security scheme. Law liberalized in 1976 to allow abortion on wide grounds in first trimester. Government gives international assistance and grants to IPPF.

GREECE

9,046,000	0.3%	15.6	8.9

No official policy and no organized fp activities. Advice and services at 2 hospitals in Athens. Contraceptives, except IUDs, generally available but advertisement illegal. Abortion legal on medical grounds and in cases of rape and incest only.

●■ HUNGARY

10,587,000 *(1976)*	0.4%	18.4	12.4

Government supports provision of fp advice and services through health service although official policy is to promote higher birth rate. Social welfare measures, eg. child allowances and maternity benefits, increased in 1974. All contraceptives available. Fp advice before marriage compulsory. Hungarian Scientific Society for Family Welfare became IPPF member in 1975. Abortion legal on liberal grounds since 1956, restricted to health reasons or to women over 40 or with 3 or more children in 1974. Abortion rate 9.3 per 1000 in 1975. Sex education at all school levels since 1974.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

○ ICELAND

218,000	1.2%	20.6	6.9

Services available at hospitals and doctors legally required to give advice. Orals and IUDs most popular. Abortion legal on socio-medical grounds.

▲■ IRISH REPUBLIC

3,127,000	1.2%	22.3 *(1974)*	11.2 *(1974)*

Official fp policy restrictive. FPA, founded in 1969, IPPF member 1973, runs 4 clinics. All methods available, including vasectomy. 6,294 new patients at 2 FPA clinics in 1974; orals most popular and 20% use IUDs. FPA organizes training courses for health personnel. Import of contraceptives legalized by Supreme Court in 1973 but their sale is still illegal. Abortion illegal. IPPF grant to FPA.

○▲■ ITALY

56,009,000	0.5%	14.8	9.9

Government support to municipal family centres to be set up under new law passed in June 1975. Federated FPA, founded in 1968, IPPF member 1969, provides services through city and suburban centres with over 10,000 clients in 1975. 7 new centres opened in southern Italy in 1975. FPA emphasizes I&E and sex education and trains health personnel. All methods readily available in urban areas. Anti-contraceptive laws repealed in 1971 and 1972. Abortion illegal except on serious medical grounds. Sex education courses sponsored by MOE. IPPF grant to FPA.

○▲■ LUXEMBOURG

357,000	0.2%	11.2	12.2

Government support to FPA, founded in 1965, IPPF member 1967. FPA runs one centre with 5,930 consultations in 1975; two new centres planned in response to public demand; FPA concentrates on sex education. Abortion legal on strict medical grounds only.

MALTA

324,000	0.2%	18.7	9.7

No official policy and no organized fp activities. Advertising of contraceptives prohibited but import for personal use permitted. Cana Movement, a RC group, provides family life education, including advice on all contraceptive methods and marital courses including fp education at its 7 centres. Abortion illegal.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

●▲■ NETHERLANDS

13,745,000	0.9%	13.0	8.3

Government services widely available. Royal Commission on Population established to formulate future population policy in 1972. Contraceptives requiring medical supervision free-of-charge to those covered by health insurance – 70% of population. FPA, founded in 1881, IPPF member 1952, runs 60 centres with 118,000 clients in 1975 providing all contraceptive methods, including sterilization, and 2 clinics providing abortion services. About 25% of women in fertile ages estimated to use contraceptives. FPA active in I&E and organizes sex education courses for health personnel. Abortion legal on medical grounds only but several abortion clinics operate without interference and law expected to be liberalized shortly. Government gives international assistance and grants to IPPF.

●▲■ NORWAY

4,016,000	0.7%	14.0	9.9

Government services through public health network. All methods available and 30% of women aged 15–44 use orals. FPA, founded in 1969, IPPF member 1970, concentrates on I&E and organizes training courses for teachers and pharmacists. Sterilization permitted, abortion legal on socio-medical indications since May 1975. Sex education compulsory. Government gives international assistance and grants to IPPF.

●▲■ POLAND

34,242,000 *(1976)*	0.8%	19.0	8.7

Government services through over 3,000 health centres; 70% of cost of contraceptives reimbursed by social insurance scheme. FPA, founded in 1957, IPPF member 1959, runs 13 clinics – 75,559 clients at two clinics in 1975, orals most popular. FPA also runs Pre-marital and Family Guidance Centre in Warsaw, concentrates on I&E, especially sex education, conducts research and, in co-operation with MOH, organizes training courses for health personnel. First trimester abortion legal on socio-medical grounds. Family life education included in secondary school curricula in 1973.

●▲■ PORTUGAL

8,782,000 *(1974)*	0.3%	19.6 *(1974)*	11.0 *(1974)*

Provision of information and legal and technical structures for fp included in Constitution. Government services through health network started in 1975. Services available at 70 MCH clinics free-of-charge. FPA, founded in 1967, IPPF member 1971, organizes training courses for health personnel at MOH request and conducts I&E work. MOE introduced sex education in primary and secondary schools in 1975. Advertising of contraceptives and abortion illegal. IPPF grant to FPA.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

○ ROMANIA

21,245,000	0.9%	20.3 *(1974)*	9.1 *(1974)*

Government policy favours higher fertility but contraception promoted to prevent abortion. Advice and services available at some hospitals. Abortion restricted in 1966 to medical grounds and to women with 4 or more children.

SPAIN

35,472,000	1.0%	18.3	8.2

No official policy and no organized fp activities but services are available privately and to a limited extent at some hospitals. Spanish Society for Fertility works towards official recognition of fp and sex education since 1973. Advertising, distribution and practice of contraception prohibited but orals, IUDs and condoms available for purposes other than contraception. Abortion illegal except to save woman's life. IPPF provides assistance.

●▲■ SWEDEN

8,211,000 *(1976)*	0.6%	12.6	10.8

Government programme through public health network. Initial supply of contraceptives and IUDs are free-of-charge, orals subsidized. FPA, founded in 1934, IPPF member 1952, runs 2 clinics, organizes sex education courses for health personnel and trains midwives in IUD insertion. Contraceptive advice obligatory after delivery and abortion. 235,000 women use IUDs and 200,000 orals. Abortion available on demand up to 12 weeks of pregnancy and after discussion with social worker between 13–18 weeks since January 1975; new law in January 1976 allows sterilization on request. Sex education compulsory. Government gives international assistance and grants to IPPF.

○ SWITZERLAND

6,403,000	0.8%	12.4	8.8

No official policy but fp advice and services provided at 23 centres run by women's and other organizations in various parts of the country. Some hospitals provide services and training. Sex education compulsory in some cantons.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

●▲■ UNITED KINGDOM

55,962,000	0.3%	12.4	11.8

Government programme through national health service in 1974 and advice and services free-of-charge since 1975. Services at 1,860 health authority clinics to 1.5 million users, through family doctors with 2.35 million registered users and through domiciliary services to 21,000 users in 1975/76. FPA, founded in 1930, IPPF member 1952, handed over more than 1,00 clinics and domiciliary services to government. FPA is active in I&E, in- and out-of-school sex education and training. An FPA development centre in each region to be set up to try out innovative ideas. Abortion legal on socio-medical grounds. Government gives international assistance and grants to IPPF. IPPF Central and Europe Regional Offices in London.

Population (1975)	*Growth rate (1970–75)*	*Births per 1000 (1975)*	*Deaths per 1000 (1975)*

●▲■ YUGOSLAVIA

21,510,000 *(1976)*	0.9%	18.1	8.6

Fp recognized as human right in Consitution in 1974; government services at over 1,300 health units. All contraceptives provided free-of-charge. FPA, founded in 1966, IPPF member 1967, concentrates on sex education, by training teachers and producing materials. Abortion legal on socio-medical grounds and doctors obliged to give fp advice.

Oceania

Region	Population in 1976	Population in 2000	Population Growth Rate (1970-75)	Births per 1000 (1970-75)	Deaths per 1000 (1970-75)	Population Under 15 (1975)	Life Expectancy (1970-75)
Oceania	21,729,000	32,715,000	2.0%	24.8	9.3	31.5%	65.8

Interest in family planning has grown considerably in Oceania during the last few years. Although the first voluntary family planning movement was started as early as 1926 in Australia and in 1935 in New Zealand, many private and public family planning programmes have been initiated only in the 1970s. Some governments have policies and objectives to slow down the population growth rate which is an impediment to their development efforts and others aim at making contraceptive services available to their people through the MCH and public health networks. A substantial decline in the fertility rate has been experienced in Fiji where a successful family planning programme has been in operation since 1962.

Governments of Australia and New Zealand are supporting family planning both at home and abroad, by giving grants to national family planning agencies and international organizations to assist programmes in developing countries.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

●▲AMERICAN SAMOA

33,000	3.1%	40.1 *(1975)*	4.4 *(1975)*

Government provides clinical services since 1973 and the FPA, founded also in 1973, I&E. IPPF grant to FPA.

○▲■AUSTRALIA

14,070,000	1.9%	21.0	8.1

Government supports fp activites and services available through MCH and Community Health Centres and free-of-charge through Medibank. FPA, founded in 1926, IPPF member in 1953, provided services to 20,101 new acceptors in 1974, through 73 clinics. FPA has an effective I&E and training programme and runs special courses for youth and sex education. Per capita use of orals highest in the world. Laws restricting advertising of contraceptives recently liberalized, and sales tax on oral contraceptives removed. Abortion subject to state laws and availability varies. Most liberal in South Australia where it is allowed on socio-medical grounds. Government gives international assistance and grant to IPPF

COOK ISLANDS

25,000	–2.6% *(1970–74)*	32.8 *(1973)*	5.7 *(1973)*

Fp available in some health clinics for a small fee although not specially promoted.

●▲■FIJI

570,750 *(1975)*	1.6%	28.9 *(1975)*	6.8 *(1975)*

Government programme since 1962; target to reduce birth rate to 22/1000 by 1980. Fp integrated in MCH and general social welfare services. Tubal ligation, orals and IUDs most popular. FPA founded in 1963, IPPF member 1967, responsible for I&E. FPA is encouraging sex education in schools and has started a CBD project for condoms. Abortion legalized on medical grounds in 1976. IPPF grant to FPA. Assistance from UNFPA, UNICEF and UKODM.

●▲GILBERT ISLANDS (Statistics for former Gilbert & Ellice Islands)

68,000	3.4%	22.3 *(1971)*	6.5 *(1971)*

Government developing fp as part of MCH. Services at hospitals and by touring nurses trained in IUD techniques. FPA, founded in 1969, works mainly on I&E. About 35.6% of fertile women were using contraceptives in 1972; IUDs and orals most popular. IPPF grant to FPA. Assistance from WHO and UKODM to improve MCH facilities.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

▲NEW HEBRIDES

99,000	2.8%	–	–

An FPA, founded in early 1974 is engaged in I&E. IPPF grant to FPA.

○▲■NEW ZEALAND

3,148,000 *(1975)*	1.5%	22.3	8.3

Government support to fp activities. Royal Commission to study contraception, sterilization and abortion established 1976. FPA, founded in 1935, IPPF member in 1955, had 43,157 visits at its 37 clinics in first half of 1976. Also plays a major role in I&E. 30% of eligible women use effective contraceptives, particularly orals, from private doctors. Sterilization gaining popularity since 1972. Family life education included in most secondary school curricula with an active role from FPA. Extension of family life education to other levels of schooling planned. Abortion legal only to save life of woman. Government gives international assistance and grant to IPPF.

●▲PAPUA AND NEW GUINEA

2,783,000	2.4%	40.6	17.1

Government programme since 1968 through 128 clinics, with 7,394 new acceptors in 1975; IUDs most popular followed by orals and injectables. By end of 1976, 60% of MCH clinics and 30% of aid posts to provide fp. 42 church hospitals and mobile services also provide services. FPA, founded in 1974, concentrates mainly on I&E, communication and training. Sex education in schools. Abortion permitted to save life of mother only. IPPF grant to FPA. Assistance from WHO and Community Aid Abroad.

○▲SOLOMON ISLANDS

198,000	2.8%	–	–

Government policy to introduce fp into health services announced in 1974. FPA, founded in 1973, operates a model clinic with 167 acceptors in 1975 and supplies contraceptives to MOH. Orals most popular followed by IUDs and condoms. FPA concentrates on I&E programmes, especially in the rural areas, and training. IPPF grant to FPA. Assistance from UNFPA, WHO and UKODM.

▲TAHITI

132,000	3.1%	–	–

Two voluntary FPAs, founded in 1968 and 1969, provide services.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

▲TOKELAU ISLANDS

2,000 *(1975)*	–	24.5 *(1972)*	4.5 *(1972)*

FPA founded recently. IPPF grant to FPA.

●▲TONGA

104,000	3.1%	28.3 *(1971)*	3.2 *(1971)*

Government programme since 1958; target to reduce growth rate to 1%. 2,067 new acceptors at 8 clinics (4 in Outer Islands) in 1975; injectables most popular, followed by condoms, IUD and orals. FPA, founded in 1969, concentrates on I&E and provides training support to government. 6 motivators distribute orals and condoms. IPPF grant to FPA. Assistance from UNFPA, UNICEF and WHO.

Population (1976)	*Growth rate (1970–75)*	*Births per 1000 (1970–75)*	*Deaths per 1000 (1970–75)*

▲TUVALU (Statistics included in Gilbert Islands)

FPA founded in 1975, after separation of Gilbert and Ellice Islands. Carries out an I&E programme.

●▲WESTERN SAMOA

170,000	3.1%	34.9 *(1975)*	7.0 *(1975)*

Government programme since 1971; target to reduce fertility rate by 33% during 1976–1991. All methods including tubal ligation offered through health services. FPA founded in 1972, concentrates on I&E in support of national programme. Women's organizations also play an important role. Abortion permitted to save life of mother. IPPF grant to FPA. Assistance from UNFPA, UNICEF and WHO.

The International Planned Parenthood Federation

The International Planned Parenthood Federation is a non-profit international organization of 91 voluntary family planning associations dedicated to the belief that knowledge of family planning is a basic human right and that a balance between the world's population and its national resources and productivity is a necessary condition of human happiness, prosperity and peace.

The IPPF stimulates the formation of family planning associations in all countries of the world and provides them with financial support, technical assistance and advisory services in the medical, educational, training and administrative aspects of their work. IPPF-supported associations offer contraceptive services, recruit and train staff and seek to inform and educate all sectors of the population about the practice of family planning and the urgency of reducing population growth rates for the future welfare of the individual and the social and economic development of the country. The IPPF assists associations to bring about a climate of public support in each country which will lead to a sound population policy and the provision of nationwide government family planning services. When this is achieved the association usually retains broad responsibilities for education and training and for ensuring community support for the programme, often carrying out pilot projects to seek solutions to special problems and using its independent status to pioneer new methods and approaches.

The International Planned Parenthood Federation is financed by voluntary contributions from private citizens and foundations all over the world, and by grants from governments. A gross budget of $50.8 million (including the local income of grant-receiving organizations) has been established to carry out the international programme of assistance for 1977. To meet this need fund-raising campaigns have been established in several countries and associations are being assisted to seek local, private and government support for their work.